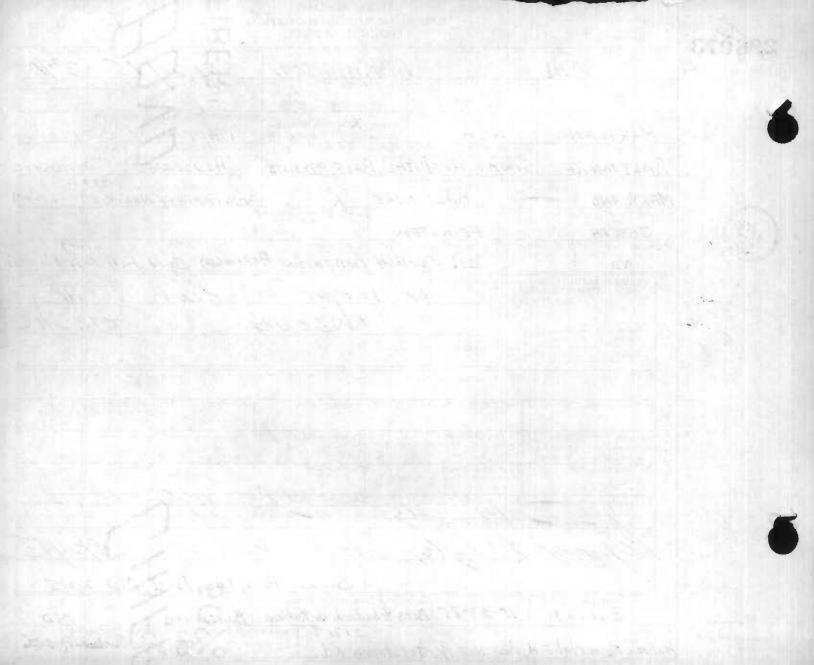
281081	1 - FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE OREGINO.	2755
# 71/	THE CHANGE JOH		ABIGILL	OCTOBER 1	985 9:07g
1	MALE	WHITE	5. Date of Birth MARCH 15, 1910	6. AGE (IN YEARS HAS PAIR INDAY) 75	MONTHS DAYS HOURS MIN
A Table	BALTO., MARYLA		? 8. MARRIED X NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUN	
rol	BALTIMORE	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE CHURCH HOSE	ING HOME OR OTHER INSTITUTION OTHER INSTITUTION OTHER INSTITUTION	120 USUAL OCCUPATION LITYPE OF WORK FOR MOST OF WORKIN FRGT. CONDUCTO	12b. KIND OF BUSINESS O INDUSTRY RATLROAD
	MARYLAND BA	INSTITUTION, GIVE RESIDENCE BEFO		13e.STREET ADDRESS / ZIP CO	
11/2	JOSEPH JOSEPH	ABIĞII	IS MOTHER'S MAIDEN N DAISY		UNKNOWN
Popul Co	160 (WAS DECEASED EVER IN U.S.	ARMED FORCES? 16b. SOCIAL SEC 213.09.3		ADDRESS GILL (WIFE) (SA	ME AS 13e)
equities that the depth certification signed by the citerading phy. Then please remove carboarpol in business, crembians or remove rightly, or other traumlatic events.	Conditions, if any, whice gove rise to immediate course to immediate course loss. PART 2 OTHER SIGNIFICA	DUE TO, OR AS A CONSEQUENCE OF T	IVE HEMOPTYSIS JENCE OF CANCER	FNOMA MINAL DISEASE OR CONDITION	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
No. be	19. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIN	196, CONDITION FOR WHICE	h Operation was performed	20a AUTOPSY? 20b. IF IN CER	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
rrsician, T ding physic is certificate busind-from Mental Hyg	21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE CO (IF EITHER NOTIFY MEDICAL EXA THE INTURY OCCURRED	DEDEATH HOUR A.M. MONTH	DAY YEAR 19 21f LOCATION	RRED (ENTER NATURE OF TUJURY IN ITEM	
Outer the orked orked orked	al work at work	(AT HOME, STREET, FACTORY, OFFICE	25	CITY OR TOWN	COUNTY STATE
DHOSPITAL OR ATTENDIA furning by the hospital or O FUNERAL DIRECTOR. A novid be detached for use the State Dept. of Heal ADDIANT, if hem 21 at m.	saw the decased ally obove. (Mark (did) (d	Id not see the body after death.	SEPTEMBER® 19 85 , and that in (my) corporation DEGREE ATTENDING PHYSICIAN 22e ADDRESS		, 19_85_, that (I) along a haur and from the causes stated
BP_	230. BURIAL, CREMATION, REMO CREMATION		NAME OF CEMETERY OR CREMATORY REEN MOUNT CREMATOR	23d. LOCATION RY BALTIMORE	COUNTY MARYLAND

DHMH - 16 60M 7/84

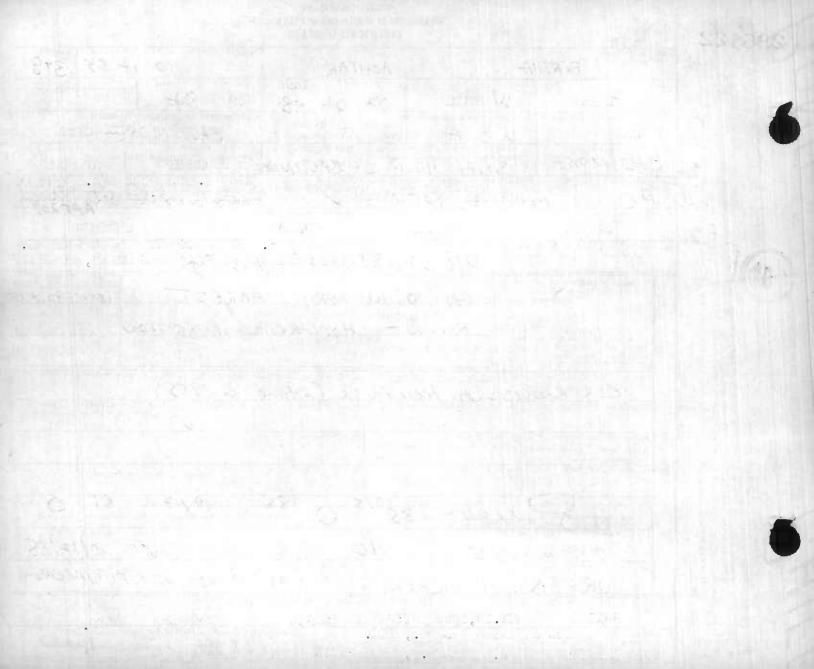
24 FUNERAL DIRECTOR WALTER BROOKS BRADLEY INC., DUNDALK, MD. 21222 (VRA 15, 4)

GREEN MOUNT CREMATORY 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE ULT 3 1985 Luna Dandson Handale

	1			STATE	OF MARYLAND	12 10	(f) (h)	
/	11.	FOR STATE	DEPAR		ALTH AND MENTAL HYGI	ENE Ö D	2/3	6 5
COMIS	Ι.	REGISTRAR		CERTIFI	CATE OF DEATH	REG. NO).	
073		CEASED NAME FIRST	MIDDLE	LA	i .	20. DATE OF DEATH		26. HOUR
4	(TYP)	OR PRINT) MAE		ABK	AM501	1010	1/15	32/10 M
	3. SE	X	4. RACE	5. DATE OF	BIRTH YEAR	6. AGE (IN YEARS LAST BIRT	MONTHS DAYS	HOURS MIN.
	L	T	WHITE	4	5 09	76	YRS	Mil.
ا رجع		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	? 8 MARRIED	NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF DEATH	
300		MARYLAND	USA	WIDOWED	DIVORCED [MORE CITY	MD.
P 1-	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS		OTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST OF	WORKING LIFE) INDUSTRY	BUSINESS OR
2	1	ALTIMORE	SINAI HOSPI		ALT, MD 112/5	HOUSE		MESTIC
30		STATE 136 COU	NTY 13c CITY OR TO	WN I		13e.STREET ADDRESS /	ZIP CODE APT	
5)		ARYLAND =	BALTI	MORE	YES NO		FF MANOR CT	2/20
2~	114 F	ATHER'S NAME FIRST	MIDDLE LAST		15. MOTHER'S MAIDEN NAM FIRST	MIDDLE	LAST	
1	1	Jaseff	FEINSTE			ADDRE	c c	- 6
die /			RMED FORCES? 166 SOCIAL SEC	URITY NO.	17. INFORMANT		212	
E.		ND	2/6-52	-1364	Benjamin A	Dramson 3	014 tallstaf	f-11400
#		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one cause per line for (a), (b), o	ind (c).)	7	1 /	BETWEEN CH	MI PHILIPYAL MOSEJ AMID DE ATHY
e A			TE CAUSE (o)	1	Mac de	carca	n 11	VR -
or r			DUE TO, OR AS A CONSEO	IENCE OF	1/-	/	2	- 71-
e E	1	Conditions, if any, which	(DEINGE OF	WISCUE	b	11/5	1115
tro 1		gave rise to immediate) (6)					
othe		couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEO	UENCE OF				
0 10			(c)					
ury.	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	O RELATED TO THE TERMS	NAL DISEASE OR CONL	DITION GIVEN IN PART TO	
×	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHIC	H ODERATION	WAS DEDECTATED	200 AUTOPSY?	20b. IF YES, WERE FINDING	CCUCED
50	5	THE DATE OF OPERATION	178. CONDITION FOR WITH	TOPERATION	WASFERTORMED	200 A010731.	IN CERTIFYING CAUSES C	
of _	Ē					YES NO	YES 🗌	NO []
18	U	210. ACCIDENT WAS UNDERLYING		DAY YEAR	21c HOW INJURY OCCURRI	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART ?)	
Head 1	14	OR CONTRIBUTING CAUSE OF DE	JATH.	19				
± o	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY		21f LOCATION			
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200		AT WORK			2 64	101	21 10	
.5	100		mal) attended the deceased from	11	19-0		199, 11	notet (we) lost
27		saw the deceased alive a obey (i) i and (did) (did)	or view the body after death	, one	I that in (my) (opinion d	eath occurred anthe do	te and hour and Irom the co	ouses stated
2		77h STATURE	1///	D	EGREE		224 DATE S	IGNED
=	1 .	Morrowit	M' Falla.	2 11	15- ATTENDING PHYSICIAN	MEDICAL STAF		31186
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ONT.					0 11	1 - 1 B	it not	
3	-				211a1 TIO	SI, 14L, 12.	211, 110 21.	2/5
-		BURIAL, CREMATION, REMOVA			METERY OR CREMATORY	23d. LOCATION	COUNTY	STATE
	1	Burial	10-23-85 B	eth khu	die Anshe Kurland	Baltimor		MD
	24 F	UNERAL DIRECTOR					756. REGISTRAR'S SIGNATU	1 60
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STATE OF MARYLAND DEPARTME

NT OF HEALTH AND MENTAL HYGIENE	Ö	0	
CERTIFICATE OF DEATH		850 NO	

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2	100	REGISTRAR				CERTIF	ICATE OF DEATH	RE	G. NO		
1	(TYPE	CEASED NAME E OR PRINT)	FIRST CHARL	ES	E		AMS ,JR.	OCTOBER	117, 1		26. HOUR 10:40a _M
1	3. SE			4 RACE White		5. DATE C	of BIRTH	6 AGE (IN YEARS LA	ST BIRTHDAY)	MONTHS DAYS	
6	74. BI	ATHPLACE (STATE	OR FOREIGN		WHAT COUNTRY	? 8	D NEVER MARRIED	9 BALTIMORE CI	_	TY OF DEATH	
/	10 C	Maryland	DF ATH	11 NAME OF	*	WIDOWE	DIVORCED TO DIVORC	BALTIMO			MD. OF BUSINESS OR
2	1	BALTIMORE		VA MED	I CAL CEN	TER BA	LTIMORE MD	Fork Li	OST OF WORKING	GLIFE) INDUSTRY	
5	ille.:	AL RESIDENCE (IF N	13b COUN	ITY /	E RESIDENCE BEFO		13d. INSIDE CITY LIMITS? YES NO		ess / zip cc arewoo	d Pk.Cha	ise, Md.
36	7	Charles		MIDDLE E	Adam	s, Sr.	15. MOTHER'S MAIDEN NA Florence		a	Korr	nauer
n		WAS DECEASED EV		MED FORCES?	166 SOCIAL SEC		17. INFORMANT		DDRESS		
4		Yes		WW 11	215 07	2859	Mrs. Jeanne	tte Minni	ck 333		
		18 CAUSE OF DE PART I. DEATH	BETWEEN	XIMATE INTERVAL LONSET AND DEATH							
1	CERTIFICATION	gave rise to cause (o), std underlying cau	ating the use last.	(c)		DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR		GIVEN IN PART 1	
1	FE	THE DATE OF OFE	NATIOI -	178. COIND	INOITION WINC	II OFERATIO	IN WAS PERI ORMED	YES TO NO	IN CER	TIFYING CAUSES	
9	1000	210. ACCIDENT WAS OR CONTRIBUTING	CAUSE OF DEA	in .	M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR				
	MEDICAL	AT WORK AT	WHILE -		REET, FACTORY OFFICE		211 LOCATION STREET	CITY	OR TOWN	COUNTY	STATE
	8			ottended the cody		, ui	ia mar in (ii ya (aar) apimon	death occurred on t		aur and from the	
,		226 SIGNATURE	no , Mi				DEGREE ATTENDING PHYSICIAN [MEDICAL DIRECTOR PH	STAFF YSICIAN	22c. DATE	17 /85
		22d PHYSICIAN'S	LMA CTYPE C	R PRINT)			3900 Loch	Raven Blv	d. Bala	timore,	MD 21218
		BURIAL, CREMATIO	N, REMOVAL				EMETERY OR CREMATORY	23d LOCATION	VN	COUNTY	STATE
	24 FU	Burial UNERAL DIRECTOR		10-21-	1985 Z	ion Ch	urch Cemetery	TE REC'D, BY REGIST		re, Mary	

DHMH - 16 60M 7/84 (VRA 15, 4)

ADDRESS

250 DATE REC'D. BY REGISTRAR 255 REGISTRAR'S SIGNALIRE

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1	FOR STATE REGISTRAR		DEPARTMENT	TATE OF MARYLAND OF HEALTH AND MENTAL HYO TIFICATE OF DEATH	GIENEÖ D	2 7	569
		NRY	AIOOLE	-DAMS	20. DATE OF DEATH	month DA	YEAR 26 HOUR 7 07 M
3. SE	×	4. RACE		ATE OF BIRTH	6. AGE (IN YEARS LAST BIR		UNDER LYEAR IF UNDER 24 HRS
N	IRTHPLACE (STATE OR FORI	U.S.A	wiD.	RRIED NEVER MARRIED DWED M DIVORCED	9 BALTIMORE CITY OF BALTIMOR	E CIT	Y MD.
В	altimore	St. A	OSPITAL, NURSING HO. HEACILITY, GIVE STREET ADDRESS GINES HOSP. GIVE RESIDENCE BEFORE ADMISS	ital	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST O Labore	OF WORKING LIFE)	12% KIND OF BUSINESS OR INDUSTRY Construction
13a		b. COUNTY	Baltimore		4516 Mano	zip code ordene	Rd. 21229
100	JNKNOWN	WIDOLE	LAST	IS. MOTHER'S MAIDEN NA FIRST UNKNOWN	WIDDIE		LAST
	WAS DECEASED EVER IN (YES, NO OR UNKNOWN)	U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES)	166 SOCIAL SECURITY N 220-12-86		Adams 210		21213 offman St.
	PART I. DEATH WAS	Enter anly ane cause per CAUSED BY. IMEDIATE CAUSE (o)	line factor, (b), and ic	mouficien	104		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, we gove rise to immediately couse (a), stating underlying couse	hich (b)_	RAS A CONSEQUENCE C	Palic CA	Toy Purd	lati	
NOI	PART 2 OTHER SIGNIF	ICANT CONDITIONS CO	NTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	ainal disease or con	DITION GIVEN	N IN PART Iro
CERTIFICATION	190 DATE OF OPERATIO	N 196 CONDI	TION FOR WHICH OPERA	ATION WAS PERFORMED	200 AUTOPSY? YES NO	IN CERTIFYI YES	
E	21a ACCIDENT WAS UNDER	YING 716. TIME O	FINJURY	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	T I OR PART 2)

HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY CITY OF TOWN STATE (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) STREET NOT WHILE 22a I certify that (I) (this hospital) attended the deceased from that (II (we) lost

saw the deceased olive on_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body ofter death 226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF

PHYSICIAN DIRECTOR | PHYSICIAN 226. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS GARG

23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23h DATE 234 LOCATION BURIAL 10-28-85 MOUNT ZION

Lansdowne 250 DATE REC'D.

COUNTY Maryland

221. DATE SIGNED

24 FUNERAL DIRECTOR

W.C.MARCH F/H CO. 1101 E. NORTH AVE

BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

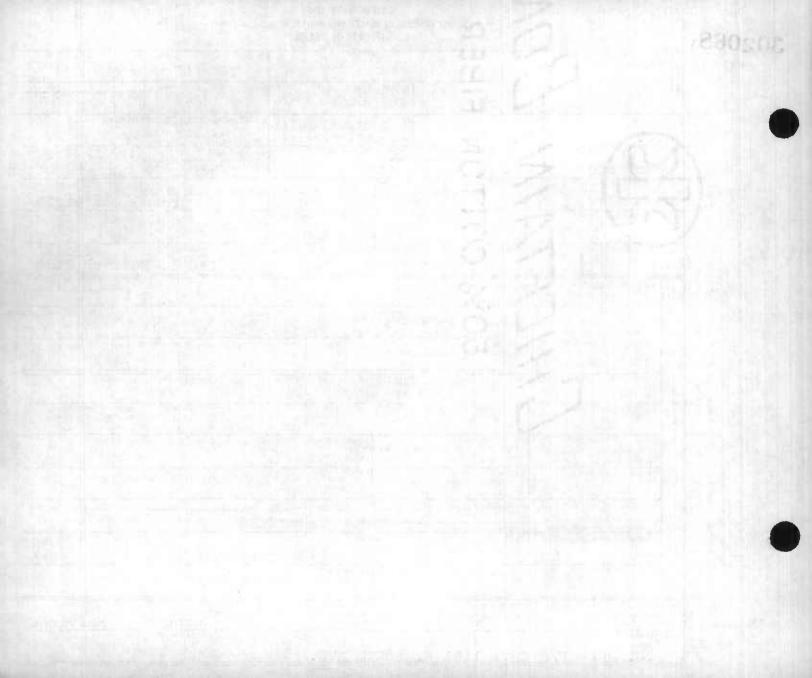
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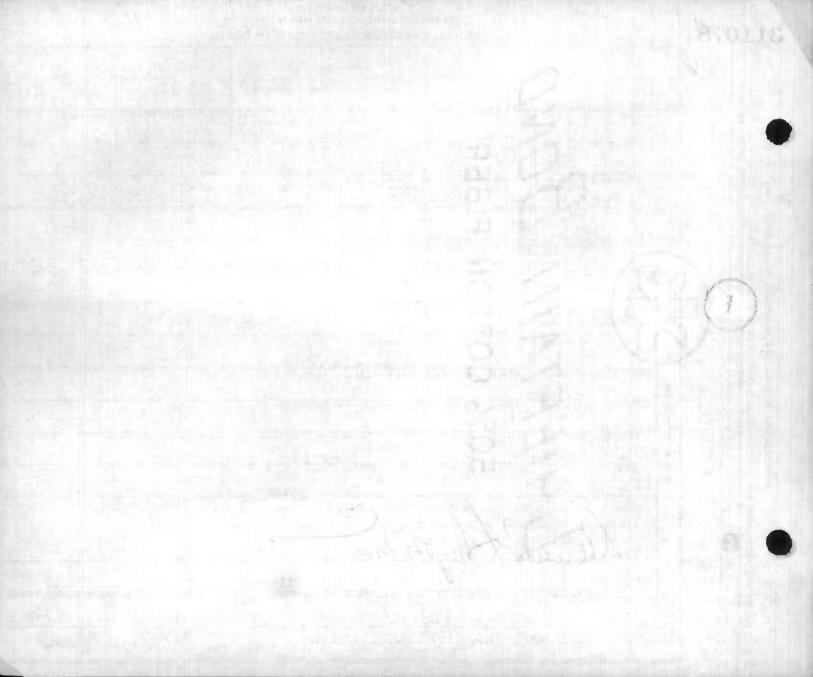


282082	1.	FOR STATE REGISTRAR		DEPA	RTMENT OF F	E OF MARYLAND LEALTH AND MEN LICATE OF DEA	NTAL HYGIE	REG. NO	2 1	5 1	0
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hin 24 hours of	136. Ma	ALRESIDENCE OF NUR STATE TYland ATHER'S NAME	SING HOME OR OTHER INSTIT	ution give residence be 13c. City or to Baltim	OWN	13d INSIDE CITY	10 🗆	Nurse 3. STREET ADDRESS 3939 Rolan	d Aven	Hospital	211
ficote be executed within 24 hours or hysician arm controlled in by popers. do be file nood of the medical comments in six beautiful the medical comments.	16s	eorge NAS DECEASED EVER	IN U.S. ARMED FORCE		ECURITY NO.	Cornel		ADDRE	ss	Turn	
icote be ex hysician poperate ovol.		YES, NO OR UNKNOWN) O 18. CAUSE OF DEAT PART I. DEATH V	H (Enter only one caus	- 212-32	1-3333A	John Ada	*	1866 Acorn	Court		mmee, Flor
ires that the death cer gned by the attending in please remove carbo buriol. cremotion, or re ry, or other traumotic e		Conditions, if any gove rise to im cause al, stati underlying cause	, which mediate ag the lost DUET	(O, OR AS A CONSE	OUENCE OF	fic He	ard A	Clisean HAL DISEASE OR CONI	DITION GIVE	N IN PART 110	06·
The low requireson.	CERTIFICATION	19a DATE OF OPERA	TION 196. C	ONDITION FOR WH	ICH OPERATIC	N WAS PERFORM	NED	200 AUTOPSY? YES NO		WERE FINDIN	
TTENDING PHYSICIAN. patol or ottending physician certification of the particilities of Health and Mental Hysician of Health and Mental Hysician marked or Item 18	MEDICAL CER	226 1 certify the (1) sow the deceodabave. (1) (we) (CAUSE OF DEATH ICAL EXAMINER) RED 21e PL (AT HO REK Athis hospital) ottepd	14	ICE, FARM, ETC.)	211 LOCATION STREET	19.79	CITY OR TOW	wn #	COUNTY	
TO HOSPITAL OR A retained by the hos TO FUNRAL DIRECT Should be detected with the State Dept.	236.	226. SIGNATURE 726. PHYSICIAN'S N BURIAL, CREMATION) Local	3¢ NAME OF C	DEGREE ATTE PHY 270 ADDRESS		MEDICAL STAF	F IAN X		4-81.
BP		surial UNERAL DIRECTOR	10-	-6-85 F	rospec		emetery	Front Roy	al	AP'S SIGNIATI	Virginia
DHMH - 16 50M 4/82 (VRA 15, 4)		NAME	eral Home 1	Inc 4107	Wilkens	21229 S Avenue	OCT	7 1985	ha Davi.	AKSSIGNATI	Jamo

238-5-07

DEPARTMENT OF HEALTH AND MENTAL HYGIENES FOR - STATE 311078 REGISTRAR REG NO 20. DATE KNOWN X I DECEASED NAME FIRST MONTH 2b. HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED Ades 0 - 28Carolyn 1985 DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 3 SEX 4. RACE 2c DATE 2d HOUR LAST BIRTHDAY) 11:31 PRONOUNCED DEAD White Sept. 5 1907 78 10-28 1985 a. M Female To BIRTHPLACE (STATE OF b. CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRYS U.S.A. New York WIDOWED [DIVORCED Baltimore City 10 CITY OR TOWN OF DEATH 124 USUAL OCCUPATION (TYPE OF WORK 112b, KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY FOR MOST OF WORKING LIFF) University Hospital - STU Baltimore Teacher Schoo] USUAL RESIDENCE LIE IN NURSING HOME OF OTHER INSETUTION GIVE RESIDENCE REFORE ADMISSIONI 130 STATE 136 COUNTY 13c. CITY OR TOWN 134 INSIDE CITY LIMITS? 136 STREET ADDRESS 46 Rosemary Drive New York Rochester YES X NO [A FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Horne Agnes Ades Charles 17 INFORMANT 166. SOCIAL SECURITY NO. ADDRESS 60. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO. OR UNKNOWN) LIE YES GIVE WAR OR DATEST 097-12-0573 Carol E. Nalewaik 1540 Lowell Ct. 21114 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple Injuries IMMEDIATE CAUSE (o)_ DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? (head only) SHOULD BE FORWARDED TO THE ONED THE SHOULD BE FORWARDED TO THE ONE STATE ANGES SHOULD BE USER SHATH, WITH THE STATE DEPARTMENT OF THE ONE, MARTTAND, 21201 PRIQR TO BURLAL. 710 EXTERNAL CAUSE WAS 216. TIME OF IN IURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR TO MONTH DAY YEAR UNDERLYING DOR 2:56P.M. 10-25 1985 CONTRIBUTING CAUSE OF DEATH driver in auto/autos impact 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211 LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK 3 & Johns Hopkins Road, Anne Arundel Co., road 220 I certify that look charge of the remains described above held an Mary land Autopsy XX Inspection Undetermined monner Homicide L TITLE (SPECIFY) TO MEDICAL EXECUTE THE CONTROL SHOULD PAGE 4 SHOULD TO FUNERAL DAFTER DEATH, NEALTHWORE, M. Assistant MEDICAL EXAMINER 10-29-85 EXAMINER'S NAME Dennis F. Smyth M.D. 111 Penn St., Balto., Md. 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 11/5/85 Security Process Crem. Catonsville, Baltimore Maryland Cremation 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE HUBBARD FUNERAL HOME, ING. 4107 WILKENS AVENUE DHMH - 17 Company of the same (VR A15 ME (5))

STATE OF MARYLAND



	1.	FOR				DEPART	STA MENT OF		HARYLAI		IYGIENI	E.	2	7	5 7	2	
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PLEASE DIRECTOR. R FILES. THOURS	3 35			WC	ONTH DAY	YEAR 1913	LAST BIRTHE		HS DAYS	HOURS HOURS		RONOUN DEAD	CED	10			: 42
1200			White		CITIZEN OF WE			18				9 BALTIMO	ORE CITY				Δ. /
ができる	1	PREIGN COUNTRY)						WIDO		DIVORC		Dell		- 0:4			
(35003) -	10 C	West V	of DEATH		USA NAME OF HOS	PITAL NU	RSING HOM					AL OCCUP		e Cit		OF BUSIN	NESS.
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DS, 201 W. KECUTED W IG" IN PEN AL EXAME AND MENT ATION, OR				((c)												
& m<0/7-2	Z	PART 2 OTHER S	IGNIFICANT CONDI	IIDNS CONTR	BUTING TO DEATH	BUT NOT RELA	ATED TO THE TER	MINAL OISEA	E OR CONDITIO	ON GIVEN IN PA	RT 1 ia						
RECO LD BE PENDI MEDI D AS A HEALTH	CERTIFICATION	19a. DATE O	FOPERATION	-	196. CONDIT	ION FOR	WHICH OPE	RATION	AS PERFOR	RMED?					20 AL	TOPSY?	
SHOULD SHOULD ORD "PE CHIEF A RE USED / IT OF HEL	1 8	10 - VIII			1000												
F VIII	F	21a. EXTERN	AL CAUSE WA	\$	216. TIME OF	INJURY		71s H	OW IN IUR	Y OCCURRE	D LENTER N	ATURE OF IN II	IRY IN ITEM 1	R PART 1 OR P		S	10 X
S A HOUSE		UNDERLYIN	GOR		HOUR A.M	MONTH	DAY YEA	R	O ** 11 *30 **	· OCCORNE	(2777274		, , , , , , , , , , , , , , , , , , ,	O' ART TORY	An (2)		
ISIO ING 1 ISHO PRO	MEDICAL	21d INJURY	OCCURRED	OF DEAT	H P.M		19 (AT HOME,	21f 1 C	CATION								
DIVISION OF VITAL S CERTIFICATE SHOW RRITING THE WORD." ROED TO THE CHIEF SE 3 SHOULD BE USE TO EPERARMENT OF H 201 PRIOR TO BURIAL	ME		NOT WHILE			ORY, FARM, E			STREET			CITY OR TOW	/N	C	YIMUC		STATE
T S S & & -								1			n X.						
A A A A A A A A A A A A A A A A A A A	-				the remains des			Autor	1	Inspectio	_	Inquiry		and in my o	pinion		
EXAMIN CERTIFIC ULD BE DIRECT WARYLA		death resul	ted from:	Notural ca	uses X,	Accident	L, S	uicide	J, Homi		Undete	rmined ma	nner				
A WA	177	ACTUAL	h	6	200					SPECIFY)	4.			DATE	10	26.0	_
ZHY KAN	1	SIGNATURE	#1	~	NX			^	A.D. ASS	istan	C_MEDI	CALEXAM	INER	SIGN	ED TO	<u>-26-8</u>	5
TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STI BALTIMORE, MARYLAND, 2		EXAMINER'S	MAME A	nn M.	Dixon,	M.D	Man 1			111	Penn	St.,	Balt	0 1	1D 2	1201	
AFTE AFTE	22- 0	TYPE OR PR	TION, REMOV				NAME OF CE	AAFTERV C	ADDRESS_			CATION	Daie	., .	10 2.	1201	
	230.B	SPECIFY)		1 1							CITY O	RTOWN		Balto	YTAL	Md. STATE	
07/84 BP	74 6	Crema UNERAL DIRE		10.	-28-85	We	stviev	v cre	matory	25a. DATE	BET'S BY	DE G. ISHIDA	LI75h DEC	BAITCO GISTRAR'S			en.
DHMH - 17		NAME			ADDRESS				1011	Ja. DAI	UIZ	REGISTAL	1/	C MATTER C	AICTINA O	A. M. M.	13.1
(VR A15 ME (5))	Bu	rgee-H	enss Fu	nera.	1 Home	3631	Falls	Rd 2	1211								

Rad

DHMH - 16 60M 7/84

(VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL 23b. DATE BURIAL

24 FUNERAL DIRECTOR

REZA SAJADI, M.D.

OCT.4,1985

23c NAME OF CEMETERY OR CREMATORY MIKRO KODESH-BETH ISRAEI

23d LOCATION

CHURCH HOSP. - BALTO., MD

DIRECTOR PHYSICIAN

BALTIMORE

10/3/85

BY REGISTRAR 256 REGISTRAR'S SIGNATURE SOL LEVINSON & BROS., INC. 21215 6010 REISTERSTOWN RD. BALTO., MD

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLL

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours ofter death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be notified at sace. G2 deoth

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

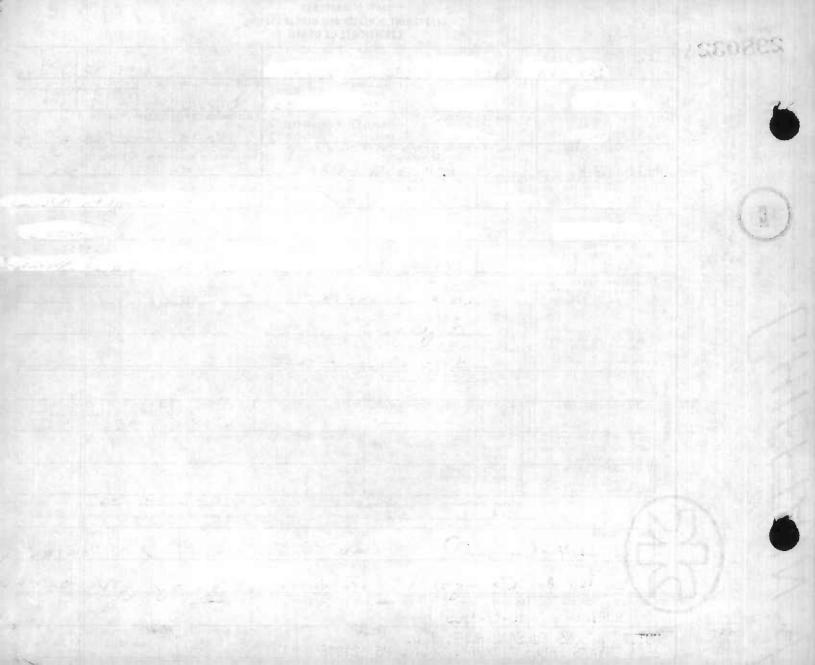
	REGISTRAR		CENTI	ICAIL OI DEAIII	REG. N	0.	
	DECEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY YEA	2b HOUR
	HAROLI	D V.	ALB	ERTI	October		м
3. 5	SEX	4. RACE	S. DATE (6. AGE (IN YEARS LAST BIR		EAR IF UNDER 24 HRS AYS HOURS MIN.
	Male	White	Ma	y 27, 1899	86	YRS	ATS HOURS MIN.
70.	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	NTRY? 8	D X NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	н
4	Iowa	USA	WIDOW		Baltimo	re City	MD.
) 10.	Baltimore	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE 3005 Bayont	STREET ADDRESS)		120 USUAL OCCUPATION OF THE CONTROL OF WORK FOR MOST OF THE CONTROL OF THE CONTRO	OF WORKING LIFE) INDUST	Law
US 130	Maryland		RTOWN	13d INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS A	ZIP CODE	21214
14.	FATHER'S NAME FIRST OSCAT O	Alberti LAS	51	15. MOTHER'S MAIDEN NA Evelyn	AME	Parker	LAST
160	WAS DECEASED EVER IN U.S. AR		SECURITY NO.	17 INFORMANT	ADDRE	SS	12 7
	YES, NO OR UNKNOWN) (IF YES, GIV	ZEWAR OR DATES) 218=	10-1559	Mrs. Floren	ce E. Alber	ti same a	as # 13
	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one cause per line for (a), (bi, and ici.	1:- 1	1.00-	BETW	PROXIMATE INTERVAL VEEN ONSET AND DEATH
	IMMEDIA	TE CAUSE (o)	4/0	2:46 /	11651		
		DUE TO, OR AS A CON	SEQUENCE OF	. /	1	1	
	Conditions, if any, which gave rise to immediate	(b) 19/1-	etting	ve (ard	100950010	V 05845	e_
	couse (a), stating the underlying couse lost.	DUE TO, OR AS A CON	SEQUENCE OF				
	onderlying coose lost.	(c)					
NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	10 1 C	NOT RELATED TO THE TER/	MINAL DISEASE OR CON	DITION GIVEN IN PAR	T 110
CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAU	NDINGS USED
			1000		YES NO	YES 🗌	NO 🗌
		21b. TIME OF INJURY HOUR A.M. MONTH	H DAY YEAR	21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART	1 2)
3	OR CONTRIBUTING CAUSE OF DE	AID .	19				
MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	DESIGN CARAM ETC \	211 LOCATION STREET	CITY OR TO	WN COUNTY	Y STATE
2	AT WORK AT WORK	THE STREET PROTORT, C	orrice, ranss ere j				
	22a.1 certify that (1) (this hosp	tol) attended the deceased	rom	, 19	, to	. 19	, that (I) (we) lost
	sow the decease daily a o	it) view the body after death.	19, o	nd that in (my) (our) opinion	death occurred on the de	ate and hour and from	the couses stated
	22b. SIGNATURE			DEGREE		274: D	ATE SONED
	alle	mer.		ATTENDING PHYSICIAN	MEDICAL STAI		114/85
	22d. PHY S NAME (TYPE	OR PRINT)		22e ADDRESS			
	George	Weiner, M.D.		1407 Yor	k Road	1	
230	BURIAL, CREMATION, REMOVAL	23b. DATE	231 NAME OF	CEMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE
	Burial	10/17/85	Dulane	y Valley Cem.	Baltim	ore Many	Land
	FUNERAL DIRECTOR			25a DA	TE REC'D. BY REGISTRAR	256 REGISTRAR'S SIG	NATURE
I	Leonard J. Ruck,	Inc. 5305 Ha	rford Ro	ad 21214 0	U 15 1985	Givia Davidson	n-Aandelle

DHMH - 16 60M 7/84 (VRA 15, 4)

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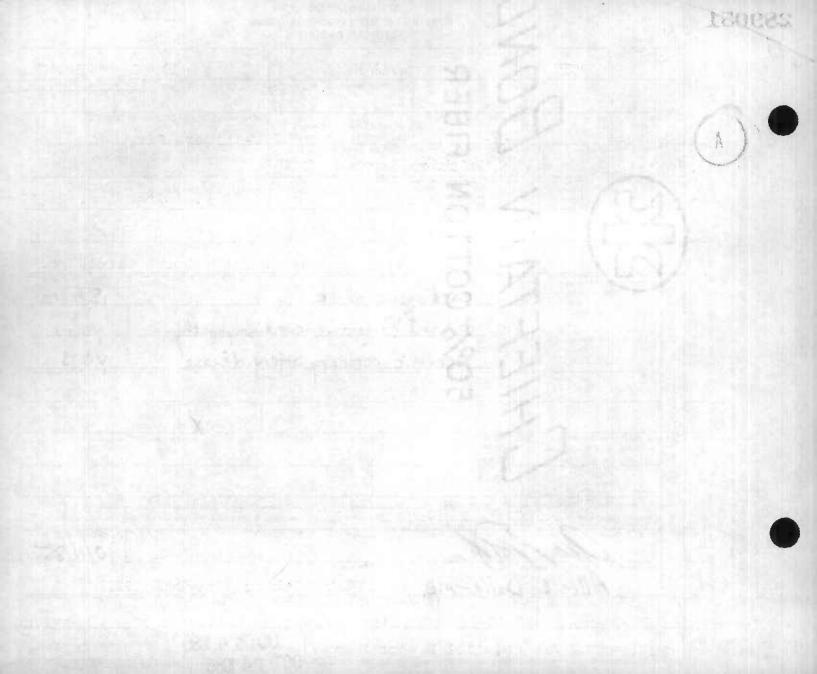
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	10	3				
	Jano)	ahor ton			la jarena	

298020	1	FOR STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	GIENE S	27575
298032 x		CEASED NAME FIRST	MIDDLE	LAST	26. DATE OF DEATH	MONTH DAY YEAR 26. HOUR
oth 3	1146	SHANIKA	LaCOLE A	LEXANDER -		10 14 85 324 pm
noy be page	3. SE		L RACE	I S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTI	1 - 5 W
age 4 n		FEMALE	BLACK	*f0" 8 1985	Duns 6	YRS. C POURS MIN.
g 68 90 8		COUNTRY	b. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OF	COUNTY OF DEATH
n 72	M	ARYLAND	U.S.A.	WIDOWED DIVORCED	Balt	we City MD.
with with	10. C	ITY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSIN	IG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
S of the soft	R	ALTIMORE !		and tel at Belt.	(TYPE OF WORK FOR MOST OF	
8 4 8		AL RESIDENCE (IF NURSING HOME OR O	THER INSTITUTION GIVE RESIDENCE BEFOR	ADMISSION		2000
PART BE		ARYLAND WINT	13t. CITY OR TOW BALTIMO		13. STREET ADDRESS	FIELD AVENUE, 21215
1 10		ATHER'S NAME	- I DALITMU	15. MOTHER'S MAIDEN NA	WE LIICUI	
1 4 / 10			AL EVANDED	giecy .	MIDDLE	Q IAC
	_		ALEXANDER	SHERRA	ADDRE:	COATES
MORE oges medico		(YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)			21215
BALTIMO BALTIMO cate be ex apers. Pag val. It, the med		No	Nac	MICHAEL ALEXA	ANDER, 4930-	LITCHFIELD AVENUE
BAL ote ysicii val. t, th		18 CAUSE OF DEATH (Enter only	one cause per line for (a), (b , an	d(c.)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
: 4 000		PART 1. DEATH WAS CAUSED IMMEDIATE		c) grrest		
ding orbo	1.1		DUE TO, OR AS A CONSEQUE	NCE OF		
deat deat		Conditions, if any, which	(16) Caraba	nie)		
he o he o mat		gave rise to immediate cause (a), stating the		0	CHARLES LLY	
W by the other oth	1	underlying cause last.	DUE TO, OR AS A CONSEQUE	atom overst		
201 pleed pleed or .		PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO		AIN ALDISE ASE OR COND	TION GIVEN IN PART 1 In
Sign sign hen tab	Z	The state of the s	SADINORS CONTRIBUTIONS	DEATH BOT NOT KEEKIED TO THE TERM	WAL DISEASE OR COND	TION GIVEN IN PART 110
Trior Trior	CERTIFICATION	196 DATE OF OPERATION	19h CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED
Me post	F					IN CERTIFYING CAUSES OF DEATH?
TALR The laction. The laction is the	EN L	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	12), HOW IN HURY OCCUR	YES X NO	YES NO
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST NG PHYSICIAN: The law requires that the death cert r after this certificate has been signed by the attending pass the burial-transit permit. Then please remove carbon th and Mental Hygiene prior to burial, cremation, or ren arked or flem 18 shaws any injury, ar ather traumatic ev		OR CONTRIBUTING CAUSE OF DEATH		AY YEAR 21c HOW INJURY OCCUR	KED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2]
SICIA ng pl certif priol-t lemfol	\S_	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19		
PHY PHY SIO	MEDICAL	21d. INJURY OCCURRED	210. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	211. LOCATION STREET	CITY OR TOW	N COUNTY STATE
Ake of the sky	1	AT WORK NOT WHILE				
DIV NDING Il or at Il or at Use as t dealth a		220.1 certify that (I) (this haspita	ol) attended the deceased from_	October 14 19 05	5, 10 Octobe	14. 19 85 , that (I) (we) lost
TTEN ported for c		sow the deceased alive an above, (1) (we) (did) (did not)	Oct 14 19	ond that in (my) (our) opinion	death accurred on the da	re and hour and from the causes stated
A A hospital the principle of the princi		22b. SIGNATURE	view the body after death.	DEGREE		/ 22c. DATE SIGNED
0 0 0 20 -		11	(D A.S.	ATTENDING PHYSICIAN F	MEDICAL STAFF	
PITA by ERA Stat	-	22d. PHYSICIANS NAME (TYPE OR	PRINTI	PHYSICIAN [DIRECTOR PHYSICI	AND IIIS LOS
D HOSPITAL trained by the O FUNERAL hould be dete	1	1	1111			
TO HOSI		CYNN TC.	Campbell	· Meliabre	at agress	array Mr Belt W
F 5 C 8 2 2		BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
BP		BURIAL	10-17-1985 Ar	butus Memorial-		nore Co., Marylan
DHMH - 16 50M 4/82	24 6	VUTは最常をSONS FUI			E REC'D. BY REGISTRAR 2	Sh. REGISTRAR'S SIGNATURE
(VRA 15, 4)	1 3	2501 GWYNNS FALLS	S PARKWAY RAI TO	, MD 21216 00°	T 2.3 1985	wie burden - butell

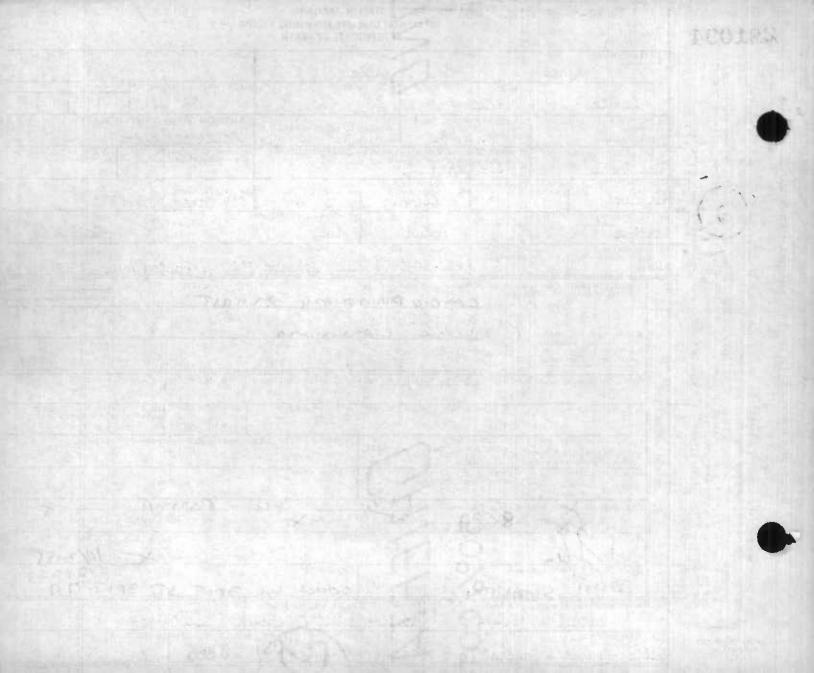


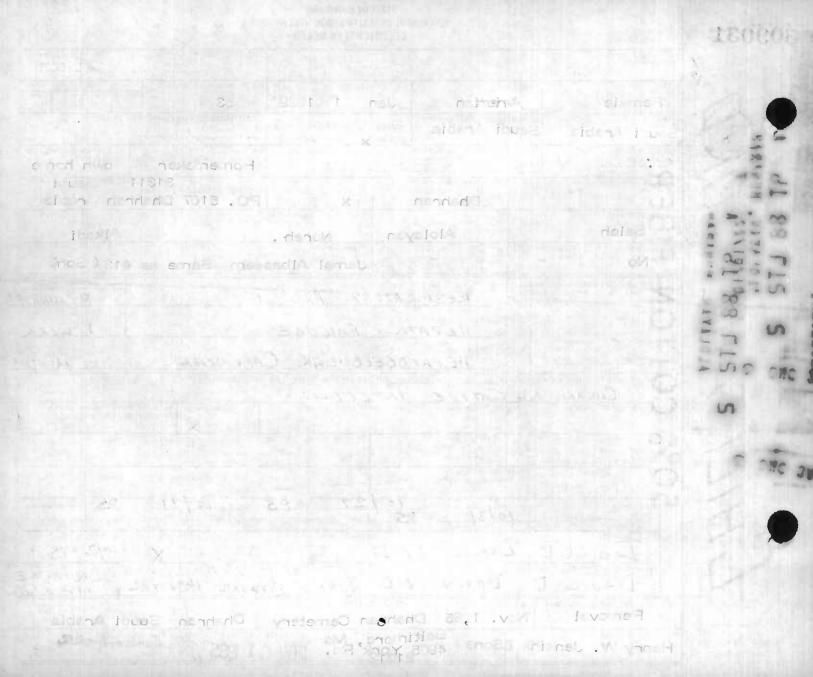
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		CEASED NAME EIRST	MIDDLE	LAST		20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR	
noy be		Joseph	Μ.	Allard			10 15	85	4:05p.M	
mo rs oft	3. SEX	Male	4 RACE White	5. DATE OF BIRTH	DAY YEAR	6. AGE (IN YEARS LAST BIR	THDAY) IFU	NDER I YEAR	IF UNDER ZITHES	
merol dr. 72 boun 72 boun		OUNTRY) Balto, Md.	76 CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIED N	EVER MARRIED A	Baltinore chiếc	nore C		MD.	
by the fu	10 CI	Baltimore	11. NAME OF HOSPITAL, NURSII (IENOT IN SUCH FACILITY, GIVE STREET St. Agnes H	ospital	ER INSTITUTION	120 USUAL OCCUPATI (TYPE OF WORK FOR MOST C Printer	E WORKING LIFE)	NDUSTRY	Am. Bank Lonery C	
ithin 24 hours tely filled in 2 should be filled in me was be	13a S	TATE 136 COUNTERS NAME	OTHER INSTITUTION GIVE PESIDENCE BEFOR	more 13d IN	SIDE CITY LIMITS? NO D THER'S MAIDEN NA			te Av	/e.21213	
and and a		Robert	Allar	d	Paulir	WIDDIE	F	Reich		
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ecorbs, 201 W. PRESTOR Tow requires that the death been signed by the attend mit. Then please remove coin prior to burnot, cremotion, o ony injury, or other troumot	CERTIFICATION	CATION	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUE (b) A S P P P DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO	ATION IENCE OF DEATH BUT NOT RI			20b. IF YES, W	ERE FINDIN	NGS-USED
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DIVISION OF VITAL RECORDS ING PHYSICIAN: The low requirentending physicion. Wher this certificate hos been signs the buriol-tronsit permit. Their thood Mentol Hygene prior to be orked or item 18 shows ony injury.		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	(In	AY YEAR	OW INJURY OCCURI	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	OR PART 2)		
UG PHYSON offendir this os the burner or the dor or the	MEDICAL	?1d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE		STREET	CITY OR TO)WN	COUNTY	STATE	
OR ArreNDI on hospital on DIRECTOR A oched for use Dept of Heal		22a I certify that (I) (this hospit saw the deceased alive an above, (I) (we) (did) (did no 22b - ICN - LIFE	tol) ottended the decessed from	, and that		, to death occurred on the de				
TO HOSPITAL OF TO FUNERAL DI should be detoch with the Stote DE IMPORTANT: If It		22d PHYSICIAN'S NAME (TYPE OF	R PRIMIT	22e. A	PHYSICIAN [DIRECTOR PHYSIC	CIAN	10/1	6/83	
7 5 1 2 2 ₹	23a. B	URIAL, CREMATION, REMOVAL	23b. DATE 23c.	NAME OF CEMETER	RY OR CREMATORY	23d LOCATION	1.0	YINUC	STATE	
BP DHMH - 16 60M 7/84 (VRA 15, 4)		Cremation NERAL DIRECTOR NAME illy & Zeile	ADDRESS	reenmour 21231 Fastern	Ave O		imore	M	backland	

				CERTI	ICATE OF	MENTAL HYG DEATH	ILIND	REG. NO.			
9 9 9	DECEASED NAME	ACIE	MIDDLE		LEN		20. DATE OF		.0	10 8	5 10:00P
om 4 34 19 3	3 SEX		RACE	5. DATE		3 Å ^{EAR}	6 AGE (IN YE	ARS LAST BIRTHD	AY)	ONTHS DA	
, b	M BIRTHPLACE (STAT	00.5005:01.	B. CITIZEN OF WHAT CO	4				RE CITY OR	YRS.	OF DEATH	
(E.)	COUNTRY)	ORPOREIGN	U.S.A.	MARRI	D NEVER						
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n 24 h	Maryland	NURSING HOME OR C	The second secon	ence before admission or town timore	13d INSIDE (NO 🗌		DDRESS / Z N. F	ip code ulto	n Av	e. 2121
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Pogest	6a WAS DECEASED E		MED FORCES? 166 SOC	-50-3742	17 INFORM		ass 5	ADDRESS O Chu		Circ	leugh.f
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or or se os se os morth	220.1 certify the	tXIX(this hospite	ol) attended the decease	ed from OCTO	BER 9	19.85	. 10	TOBER	-	9 85	that (X (we) lo
hospital hospital RECTOR hed for uf Hem 21 is	saw the de abave (1) (v 22b SIGNALURE	eased alive on	OCTOBER 10	19 <u>85</u> c	nd that in XX	(our) apinion (death accurred	d an the date	and haur		the causes stated
HOSPITAL Of the by the FUNERAL D of be defected to the Stote D ORTANT. H	22d. PHYSICIAN	S NAME (TYPE OR	RRINTI	D	22e ADDRE	ATTENDING PHYSICIAN [MEDICAL DIRECTOR (STAFF PHYSICIA	NX	10	1/11/82
Od Od AM	1	Allen L	· Dollar	mu.		, Baltin			ınd	21218	
	23a BURIAL, CREMATI (SPECIFY)	ON, REMOVAL	23b DATE	23c. NAME OF				OP TOWAL	77-	COUNTY	STATE
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DHMH - 16 60M 7/84 (VRA 15, 4)			H CO. 110	1ºE. Nor	th Av	e. OPT	11.14	1985	d r	Sploner.	fundame



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The po	3 SE		4 RACE		S. DATE (6. AGE (IN YEARS LAST BIRT	HDAY) IF U	NDER 1 YEAR	HOURS MIN.
ge 4		Female	Blac			1 14 89	76	YRS		
nerol din n 72 hou	Ma	RTHPLACE (STATE OR FOREK OUNTRY) ryland				D NEVER MARRIED (Baltimore city		
by the full with filed with		ltimore		HOSPITAL, NURSIN Carey St.	ADDRESS)	OR OTHER INSTITUTION	128 USUAL OCCUPATI (TYPE OF WORK FOR MOST O		2b. KIND OF NDUSTRY	BUSINESS OR
AND 212	Mar Mar		HOME OR OTHER INSTITUTION COUNTY	R OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISS N NTY 136. CITY OR TOWN Baltimore		13d INSIDE CITY LIMITS	13e STREET ADDRESS 819 Carey St. 21217		217	,
MARYL		thur start	WIDDIE	Nolan		15 MOTHER'S MAIDEN LUCY FIRST	WIDDLE		Butil	er
RE,		WAS DECEASED EVER IN I	U.S. ARMED FORCES? YES, GIVE WAR OR DATES)	166 SOCIAL SECU		17 INFORMANT	ADDRE		31	
FIIMO	No			220-30-	0998	Lucy Johnson	n 2118 N. Ful	ton Ave		7 7 MATE INTERVAL
(DS, 201 W. PRESTO equires that the death signed by the attent The places remaked. The buriol, cremation.	Z	Canditians, if any, wi gove rise to immed cause (o), stating underlying couse (PART 2. OTHER SIGNIFI	hich (b)	DUE TO, OR AS A CONSEQUENCE OF (b) CONSEQUENCE OF (c) NOTIFIED TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GI						i)
AL RECOI	CERTIFICATION	190 DATE OF OPERATION	N 196 CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	G CAUSES	GS USED OF DEATH?
OF VITA ICIAN T g physical enrificate rial-transmitted Hyguren 18 sh		21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	SE OF DEATH HOUR	OF INJURY A.M. MONTH D P.M.	AY YEAR	21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART 1	OR PART 2)	
NG PHYSICIAN of PHYSICIAN ther this certificat and the business of the busines	MEDICAL	21d INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK	2 THOMES	E OF INJURY STREET, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATION STREET	CITY OR FO	WN .	COUNTY	STATE
R ATTENDIA haspital or IRECTOR. At hed for use a pept of Health		22a I certify that sow the deceased cobove. (I) (w) (date	olive on (did nat) view the bad	the deceased from 19 Sy offer death.			an death occurred an the d		d fram the c	
Che h h		Signiful				DEGREE ATTENDING PHYSICIAN			10/2	185
TO HOSPITAL refoired by th TO FuneRal should be deter with the Store		2 14 N	S 1404/17	4		220 ADDRESS	. 30LT S	1. 3A	「」、 」 」 」	223
₽ ₽ ₽ ₩ 3 ≤	23a.	BURIAL, CREMATION, REA (SPECIFY) Burial	MOVAL 236. DATE 10-7-	PR. P. S.		re Nat'l Cem	CITY OR TOWN	nore	INTY M	D STATE
DHMH - 16 50M 7/77 (VR A 15 (4))		uneral director iley-Douglas	s Funeral	Home 1348	8 N. C	10	DATE REC'D. BY REGISTRAR 3 1985	25b. REGISTRAR	'S SIGNATU	JRE O





STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN

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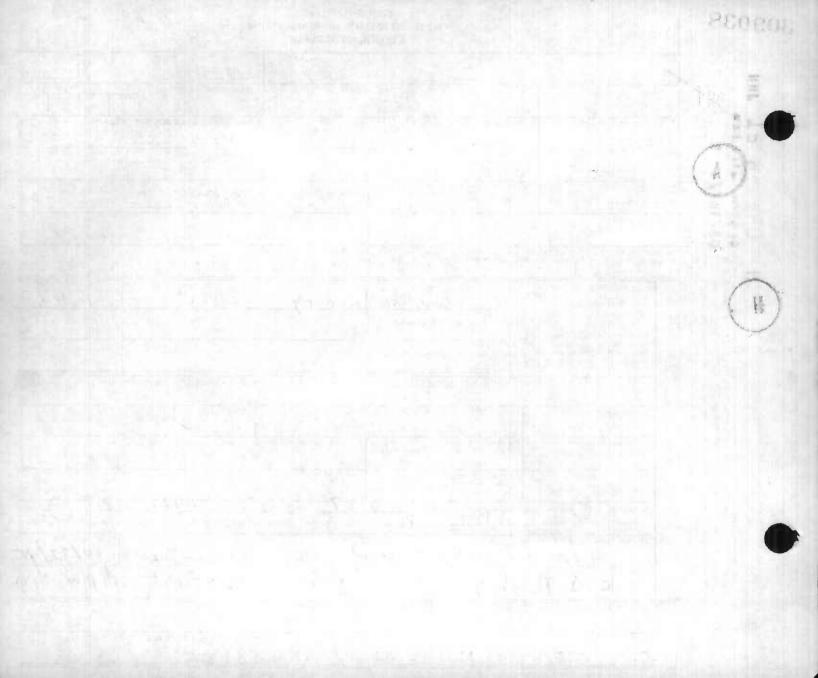
10	1 -	STATE REGISTRAR			CERTIF	ICATE OF DE	ATH	REG. NO.		
13		CEASED NAME FIRST	M	IDDLE	L	AST		20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
4		OR PRINT) WILLIAM		N.		ALSTO	N JR	OCT, 27, 1985		1:30PMm
	1.5EX	(4 RACE		5. DATE C		YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
8		M	В		3	16	24	61 YRS.	MONING DATA	TIOONS MILE.
2		RTHPLACE STATE OR FOREIGN	7b. CITIZEN OF V	VHAT COUNTRY?	8	X NEVER ALA		BALTIMORE CITY OR COUNTY	OF DEATH	-13-3-6
4		rginia	U.S.A	A .	MARRIED NEVER MARRIED DIVORCED BALTIMORE CITY					MD.
1	10. CT	TY OR TOWN OF DEATH	11. NAME OF H (IF NOT IN SUCH	OSPITAL, NURSIN HEACILITY, GIVE STREET A	ADDRESS)		NOITU	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LII LONGShoreman		OF BUSINESS OR
	130 S	AL RESIDENCE (IF NURSING HOME O		Baltime	N		40 🔲	13e.STREET ADDRESS / ZIP CODE 1851 N. Castl		eet21213
0	Re Re	THER'S NAME V. William	MIDDLE N .	Alston	, Sr.	Marie		v MIDDLE	Moria	
4	16e W	AS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMAN		ADDRESS	J	
15	()	Yes Yes. G	AE MAK OK DATES!	231-16-8	8814	Betty	Alst	con 1851 Castl	le St.	21213
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA) Conditions, if any, which	ED BY: TE CAUSE (o)	ine for (a), (b), one Cara AS A CONSEQUE	liapu]mong	<u> </u>	avrest	The second secon	imate interval onset and death
	No	gove rise to immediate couse (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								
2	CERTIFICATION	19a. DATE OF OPERATION	196 CONDIT	TION FOR WHICH	OPERATIO	N WAS PERFOR	MED	IN CERTII	S, WERE FINDING CAUSES	
7		2) a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE		A. MONTH DA	AY YEAR			ED (ENTER NATURE OF INJURY IN ITEM 18.1	PART I OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		ET, FACTORY, OFFICE, F		211 LOCATION STREET	1	CITY OR TOWN	COUNTY	STATE
		220 I certify tha (I) his hosp saw the deceased alive a abave, (I) (we) (did) (did n	10 15	7 19		nd that in (my)	ur) apinion c	death occurred on the date and have		
		22b. SIGNATURE	UN	y	- m	PH	TENDING HYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE	127/PT
1		220. PHYSICIAN'S NAME (TYPE	wohig			TO C		. wolfest	Mapl	m, Mosp.
	(URIAL, CREMATION, REMOVA	23b DATE 11-1-			EMETERY OR CR		23d. LOCATION CITY OR TOWN	COUNTY	STATE
	Bu	IRTAL.	11-1-	00 6	AKKI	SON FOI		Owings Mill		aryland
	24. FL	INERAL DIRECTOR					DO DATE	REC'D. BY REGISTRAR 256 REGIS	I KAR'S SIGNAT	UKE

DHMH - 16 60M 7/84

(VRA 15, 4)

74. FUNERAL DIRECTOR
W.C. MARCH F/H CO.

1101 E. NORTH AVE.



DIVISION OF

STATE OF THE STATE Baltimore, 1890 P. University of the second warrant ECC W. University of the second HOWER TEVE OF constant of the constant of th Edi W. University Fagy., Edto., Alb DYL, STATE . W TOTAL . AD TO/28/28 Cloreine Park Baltimore, Called

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE .. 1 - STATE MEDICAL EXAMINER'S CERTIFI 298110 REGISTRAR REG. NO I. DECEASED NAME 20. DATE KNOWN A MONTH 2b. HOUR (TYPE OR PRINT) ESTI-IS NECESSARY, PLEASE E FUNERAL DIRECTOR. E 5 FOR YOUR FILES. ED, WITHIN 72 HOURS I W. PRESTON STREET, DEATH MATED William, 10 12 1985 Amann 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 24 HRS 2d HOUR 2c. DATE LAST BIRTHDAY 12:32 A PRONOUNCED DEAD 13 1985 Male White 65 YRS TO BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Missouri WIDOWED DIVORCED Baltimore City. U.S. PAGE 5 IC CITY OR TOWN OF DEATH 128 USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY (Soc. Security) Baltimore 4800 Yellowood Road AND 3 TO RETAIN PA HOULD BE RECORDS USUAL RESIDENCE (IF IN HURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3a STATE 13e STREET ADDRESS 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY_LAMITS? 4800 Yellowood Rd. 21209 Balto. Md. 4 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE LAST FIRST FIRST MIDDLE LAST 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 7 INFORMANT **ADDRESS** (YES, NO. OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 295-07-9232 Unkn. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gunshot wound of head (rifle) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last DIVISION OF VITAL RECORDS PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to e I CERTIFICATION USED, 198. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY?
HEAD ONLY
YES XX TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD "PPAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR, TO BURIAL, 21a. EXTERNAL CAUSE WAS 218. TIME OF INJURY HOUR AM MONTH DAY YEAR 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING MOR MEDICAL 11: 45PM 10 12 19 85 Self inflicted CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 211. LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE 4800 Yellowood Rd, Baltimore home MD Autapsy X 220 I certify that I taak charge of the remains described above, held an and in my opinion X death resulted fram: Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL DACTING ChiefeDICAL EXAMINER 10/13/85 SIGNATURE EXAMINER'S NAME Thomas D. Smith, M.D. 111 Penn St. Balto.MD. (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE CITY OR TOWN 10/15/85 Removal 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) Anatomy Board Balto., Md.

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR 1 DECEASED NAME 20. DATE OF DEATH MONTH 10 DAY 2 YEAR 5 26 HOUR (TYPE OR PRINT) PAUL AMATO 3. SEX 14 RACE 5. DATE OF BIRTH (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS YEAR Male 1898 To BIRTHPLACE (STATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH THE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED BALTIMORE WIDOWED Italy CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h, KIND OF BUSINESS OR INDUSTRY BALTIMORE, M) HOSPITAL Retired Pharmacist - Pharmacy 13e.STREET ADDRESS / ZIP CODE BALTIMORE 3300 BENSON Baltimore 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE AMATO JAMES FRANCES GATTO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17 INFORMANT ADDRESS Baltimore, MD. IYES NO OR UNKNOWN LIFYES GIVE WAR OR DATEST 21227 No 133-01-6407 Mary Amato- 3300 Benson Ave.. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY Cardio ou Immanary IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which (b) multide system gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last OT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 710 ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 21b. TIME OF INJURY HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION COUNTY STATE

(AT HOME STREET, FACTORY OFFICE, FARM ETC.) AT WORK NOT WHILE

00+ 220 L certify that (1) (this hospital) attended the deceased from_ 19 85, and that in (my) (our) opinion death occurred on the date and haur and from the causes stated at 22 saw the deceased alive an above, (1) (we) (old) (did not) view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED

1117 PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAL NAME LTYPE OF PRINTS

Roderick P. Zicklez 212/1

230. BURIAL CREMATION REMOVAL Burial 10/25/85 23¢ NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery

Maryland

Baltimore

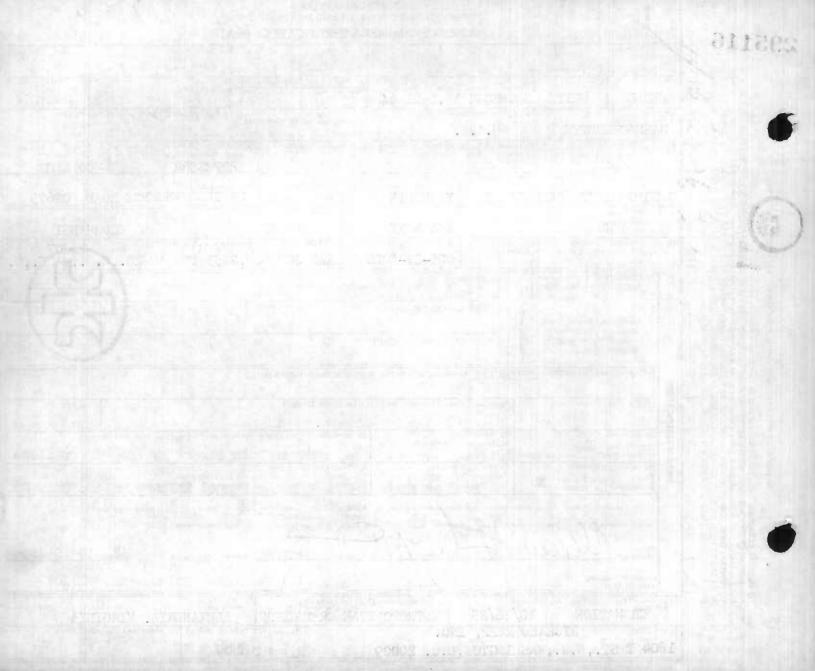
PIETE TO PARCIO Russell C. Witzke Funeral Homes P.A 250 DATE RECD. BY REGISTRA 1630 Edmondson Avenue, Catonsville, MD. 21228

DHMH - 16 60M 7/B4 (VRA 15, 4)

MPORTANT

or so so felication is

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 295116 REG NO 20. DATE KNOWNXX DAY (PAPE CHERONIC Aspasia Anastos DEATH MATED 10 - 1519 85 S DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER I YR IF UNDER 24 HRS 2c DATE LAST BIRTHDAY RONOUNCED 3:49 a. M FEMALE DECEMBER 13.1921 64RS 19 85 AL BIRTHPLACE ISTATEOR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED MASSACHUSETTS U.S.A. Baltimore City, DIVORCED FCITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE! OR INDUSTRY Baltimore University Hospital PROFESSOR COLLEGE DUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 23 INDEPENDENCE ROAD MASSACHUSETTS BARNSTABLE YARMOUTH YES 15. MOTHER'S MAIDEN NAME MIDDLE TSAKNAKT HELEN KOURMANGI 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 7. INFORMANT ADDRESS DAUGHTER 20007 (YES, NO, OR UNKNOWN) (IF YES GIVE WAR OR DATES) 025-22-5020 LEAH JOHNSON, 2453 TUNLAW RD., N.W., WASH., D.C 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Blunt Trauma to Head DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO X 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING WOR CONTRIBUTING CAUSE OF DEATH 10: 27 XX 10-14985 passenger in auto struck by tractor trailers 21e PLACE OF INJURY (ATHOME 211 LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE AT WORK road at ramp I-895 & Harbor Tunnel Thruway, Balto, Co., Md. 22a. I certify that I took charge of the remains described above, held an Inspection XX Inquiry ond in my opinion Natural couses 1 Hamicide Undetermined monner TITLE (SPECIFY) DATE 10-15-85 Assistant MEDICAL EXAMINER EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St., Balto., Md. 21201 (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 10/16/85 METROPOLITAN CREMATORY ALEXANDRIA, VIRGINIA 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH . 17 ST., N.W., WASHINGTON, D.C. 20009 (VR A15 ME (5))



1 - STATE REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG.	NO

RECTOTION			REC	5. NO.
I DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	H MONTH DAY YEAR 26 HOUR
Andr	ew IRWIN	ANDERSO	OCT, 26,	1985 7:13AM _M
3. SEX	4 RACE	5. DATE OF BIRTH	6 AGE TIN YEARS LAS	
Male	Caucasia	n $Jan. 29. 1$	1917 68	MONTHS DATS HOURS MIN.
To BIRTHPLACE ASTATE OR FOREIGN	76 CITIZEN OF WHAT COL	INTRY2 &	9 BALTIMORE CIT	YRS. Y OR COUNTY OF DEATH
(COUNTRY)		MARRIED LI NEVER MAR	RRIED 2	
Maryland H CITY OR TOWN OF DEATH	U.S.A.	WIDOWED DIVOR		PATION 126 KIND OF BUSINESS OR
CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GI	VE STREET ADDRESS)	(TYPE OF WORK FOR MC	OST OF WORKING LIFE) INDUSTRY
BALTIMORE	JOHNS HOPKI		Farm	er Farming
USUAL RESIDENCE (IF NURSING HOME)	ON OTHER INSTITUTION GIVE RESIDENT		LIMITS? 13e STREET ADDRE	SS / 71P CODE 21161
				rford Creamery Rd.
14) FATHER'S NAME		15. MOTHER'S MA		
Andrew F		erson Eliz	zabeth	
160 WAS DECEASED EVER IN U.S.		AL SECURITY NO. 17. INFORMANT		Slade
	GIVE WAR OR DATES!		T Andones	
NO	510-	-32-341 0 Garnet	L. Anderso	
18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse per line for tol,	A	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	TATE CAUSE 10) Cardio	yw monary arres	s+	30minutes
	DUE TO, OR AS A COM	NSEQUENCE OF		
Conditions, if ony, which		carditis		Hweeks
gove rise to immediate couse (a), stating the	10,			
underlying couse lost.	DUE TO, OR AS A COM	NSEQUENCE OF		
DADI 2 OTHER SIGNIFICAN	(c)	NG TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE OR C	CONDITION CIVEN IN PART V.
	T CONDITIONS CONTRIBUTE	NO TO BEATH BOTH OF REFAILED TO	THE TERMINAL DISEASE ON C	CIADITION GIVEN IN PART TIE
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19h CONDITION FOR	WHICH OPERATION WAS PERFORM	ED 20g AUTOPSY?	206 IF YES, WERE FINDINGS USED
2	170 00 10 110 110 110 110 110 110 110 11			IN CERTIFYING CAUSES OF DEATH?
E	21b. TIME OF INJURY	21- 1/02// 1-1/1/19	YES NO	
		TH DAY YEAR	RY OCCURRED (ENTER NATURE OF	INJURY IN ITEM 18 PART 1 OR PART 2)
(IF EITHER NOTIFY MEDICAL EXAM 21d INJURY OCCURRED		19		
21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET FACTORY.	211 LOCATION	CITAC	DRIOWN COUNTY STATE
AT WORK AT WORK				1
220 L certify that (I) (this ha	spital) attended the deceased	from 10 9	19 85 to 10	26 , 19 55 , that (h (we) lost
sow the deceased alive	on 10/26		r) opinion death occurred on th	ne date and hour and from the causes stated
22b. SIGNATURE	not) view the body ofter death	DEGREE		22¢ DATE SIGNED
1/	1 11.			STAFF
22d, PHYSICIAN'S NAME (TY	Musin	22e ADDRESS	SICIAN DIRECTOR PHY	YSICIAN \$ 16/26/85
Ci	T CI	THE ADDRESS	11 1. 11	11 601
- twen	1 >herm	an Johns	Itmolans Hosp	ital Delt MD
23a BURIAL, CREMATION, REMOV	AL 236 DATE	230 NAME OF CEMETERY OR CREA	MATORY 23d LOCATION	N COUNTY STATE
Burial	10/28/198	5 Bethel Cemet	ery Madonn	
24 FUNERAL DIRECTOR				RAH 25 REGISTBAR'S SIGNATURE
M. Gladden Ku	rtz Jonne	ttsville. Md.	00130 880	Guia Davidson Jandalle
T. GTAUGEII Ku	TOT OUTLE	O O D A TTTE " III .		U .

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR

should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial, or

marked ar Hem 18 shows any

Co. - Deep and and an installation

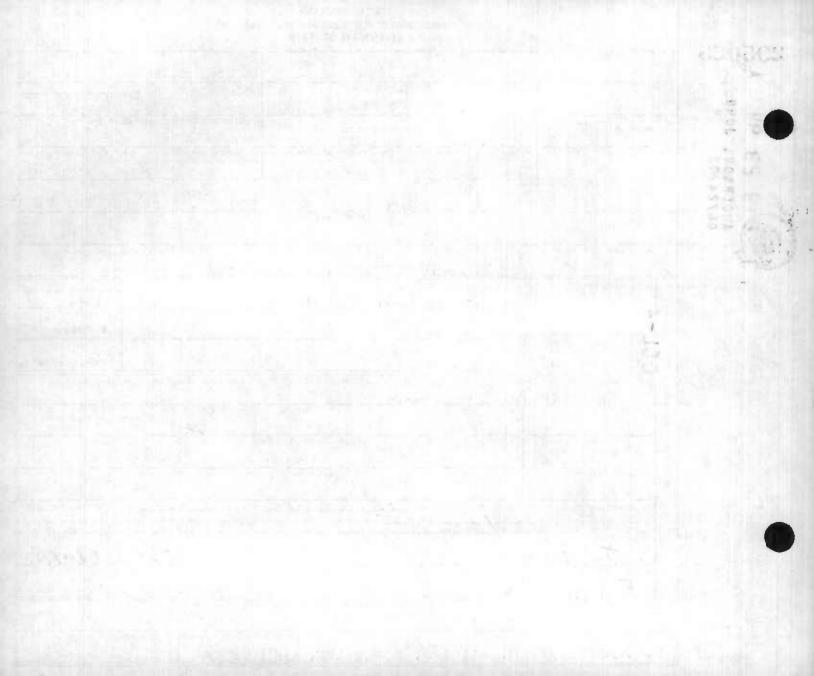
Males de des malanaum des 29, 2917 .bit greeners Brotton 1000 x Link stine brotton 6ms 1, 12h address adjusted to the first state of the s evode to chine doctober .i terriso Olet-37-3561 Burlal 10/28/1389 Bethat Cometery Malonne Martine 188.

. AM . ellivollerin. T. alana debbile . M

A STATE OF THE STA

7. 178 SY Partial news more (as) they or Level section 1 Company that may be I have be seen in him to stiply

in trungamentandala



FOR

DECEASED NAME (TYPE OR PRINT)

MALE

VIRGINIA

MARYLAND

4 FATHER'S NAME

NO

WILLIAM

8 CAUSE OF PART I. DEA

Conditions, if gove rise to cause (a). underlying

10 CITY OR TOWN OF DEATH

Baltimore

TO BIRTHPLACE (STATE OF FOREIGN

William

4 RACE

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
134. COUNTY 136. CITY OR TOWN

MIDDLE

ARMED FORCES?

BLACK

Th CITIZEN OF WHAT COUNTRY?

- STATE

3 SEX

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS

Maryland General Hospital

Washington

BALTIMORE

LAST

214-05-3881

166 SOCIAL SECURITY NO

ANDERSON

CERTIFICATE OF DEATH

ANDERSON

DEC NO

110 011110				
O DATE OF DEATH MONTH	DAY	YEAR	26 HOL	IR
October 9, 1	985		9:3	5A M
AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HRS
76 YRS	MONTHS	DAYS	HOURS	MIN.
BALTIMORE CITY OR COUNT	Y OF DE	ATH		

09 MARRIED NEVER MARRIED WIDOWED

13d INSIDE CITY LIMITS?

DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

YEAR

120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE! LABORER

Baltimore City

IND BARYTMORES OR PUBLIC SCHOOLS

13e STREET ADDRESS / ZIP CODE 3215 YOSIMITE AVENUE, 21215

NO [15 MOTHER'S MAIDEN NAME

SCHRADER

17 INFORMANT

DORIS A. SMITH, 3215 YOSIMITE AVENUE

	ly ane cause per line for (a), (b), and (c).)	BETWEEN ONSET AND DEATH		
TH WAS CAUSE IMMEDIAT	DBY ECAUSEIO) <u>Cardiopulmonary arrest</u>	immediate		
ony, which	DUE TO, OR AS A CONSEQUENCE OF Esophageal Carcinoma			
stating the	DUE TO, OR AS A CONSEQUENCE OF			
CICALIEIC ANIX C	CONDITIONS CONTRIBUTING TO BE ATH BUT NOT BELATED TO THE TERMINAL DISEASE	OR CONDITION ON THE DART 1.		

SADIE

OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER

190 DATE OF OPERATION

21d INJURY OCCURRED

22h SIGNAT

216. TIME OF INJURY HOUR A.M. MONTH DAY

P.M

21e. PLACE OF INJURY

AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

YEAR 19

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

21f LOCATION

CITY OR TOWN

CENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2

NXXX

COUNTY

NO [

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

October October 85 220.1 certify that (1X(this haspital) attended the deceased from October9 85 and that in (Xy) (our) apinion deoth accurred on the date and hour and fram the causes stated saw the deceased alive an UCTODET9
abave, (1) (we) (did) (did not) view the body after death DEGREE

ATTENDING

PHYSICIAN

Robert Chapolini, M. D.

22e ADDRESS c/o Maryland

neral Hospital

230 BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

10-12-1985

23c NAME OF CEMETERY OR CREMATORY DULANEY VALLEY MEM.

GARDENS

DIRECTOR PHYSICIA

BALTIMORE COUNTY

24 FUNDITERTO SONS FUNERAL HOME INC. 2501 GWYNNS FALLS PARKWAY, BALTO., MD 21216

DHMH - 16 60M 7/84 (VRA 15, 4)



295044	1.	FOR STATE REGISTRAR		DEPAI	RTMENT OF H	EALTH AND ME ICATE OF DE	NTAL HYGIE	REG. N	2 /	ು ರ	7
A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		CEASED NAME FIRST	14. RACE	AVIS	AV.	DREWS		20. DATE OF DEATH	MONTH DAY 10 13	YEAR SS UNDER 1 YEAR	2b. HOUR 710 AM IF UNDER 24 HRS
4 96		Female	a	hite	MONTH	19 19	07	77		NIHS DAYS	HOURS MIN.
And the state of t	Pe	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF	WHAT COUNTR	Y2 8	D MEVER MA	. 0	BALTIMORE CITY O	R COUNTY O	F DEATH	MD.
100	1	BALTIMORE	FRANC	CH FACILITY, GIVE STR	ET ADDRESS)	MED: CE		2a USUAL OCCUPAT (TYPE OF WORK FOR MOST C Cin Mill Wo	ON OF WORKING LIFE)	INDUSTRY	Steel
TO THE PARTY OF TH	130	LERESIDENCE (IF NURSING	OTHER INSTITUTION	136. STY OR TO	NWO		10 🔀	3e. STREET ADDRESS	ORTWAY		21222
(41) 11/13	11	FIRST	WIDDLE	Davi	S	Is. MOTHER'S M	ST	MIDDLE		Jone	
THE PARTY OF			ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SE	-5856	Shirle		ake		as 13e	
ST., BAL intilicate a physical enoral event, the		8. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMED	anly ane cause per SED BY: IATE CAUSE (a)			CREST				BETWEEN O	MATE INTERVAL DINSET AND DEATH
M. PRESTON If the death or the attending Compiliary or the traumotic		Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.	(b)_	ESOPHAGORSEC	EAL C	INCOR				YEAR	7
RDS, 201 requires the requires the Then pleas r to buriell.	NOI	PART 2 OTHER SIGNIFICAN	CONDITIONS CO	ONTRIBUTING T	O DEATH BUT	NOT RELATED TO	O THE TERMIN	IAL DISEASE OR CON	DITION GIVEN	I IN PART 10	1,
ALRECO	CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHI	CH OPERATION	WAS PERFORM	AED	YES NO	206. IF YES, V IN CERTIFYIN	VERE FINDIN NG CAUSES	IGS USED OF DEATH? NO
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Al, OR ATTE 7 the hospito RAL DIRECTO detached for one Dept. of 1 VI. If feen 21		saw the deceased alive abave (i) (we) (did) (did	an O 13 nat) view the bady	after death.		PEGREE ATTI		MEDICAL STAI		DATE DATES	
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FOR STATE REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	PITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. P by the haspital or attending physician.	ERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral of	be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages, I and 2 should be I'll

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

e m∉		OR PRINT!	Mibble .	001	21-1	26. DATE OF DEATH	2/85	26 HOUR
oy b	3 SE:	Marso	4 RACE	5. DATE O	F RIPTH	6 AGE (IN YEARS LAST BIRTHD)	IF UNDER LYEAR	IF LINDER 21 MAS
4 3	3 35	1- 1	17/ L	MONTH	DAY YEAR	06	MONTHS DAW	HOURS MIN.
BO (1)	7- 01	PEMALE STATE OR FOREIGN	15 ACK	17073	13 89	9 BALTIMORE CITY OR C	YRS. S X	10
F 25 A10		COUNTRY)	1 S A	MARRIE	NEVER MARRIED	DILL	OUNIT OF DEATH	1.
de de	10 (1	Georgia TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	WIDOWE		126 USUAL OCCUPATION	ore or	MD.
i 1 1	-	11	LE NOT IN SUCH FACILITY, GIVE	SIDEET ADDRESS)	4	(TYPE OF WORK FOR MOST OF W		F BUSINESS OR
3 34 3/4	R	AL RESIDENCE (IF NURSING HOME OR	seton &	YILL P	LANOR L	MC		
of the		STATE 136 COUN			13d INSIDE CITY LIMITS			
Sh fill	11.54	Md.	Balto).	YES NO	2503 Elsino	re Ave.	21216
d with	14 FA	THER'S NAME FIRST	MIDDIE LAS	1	15 MOTHER'S MAIDEN I	MIDDLE	LAST	
\$ 15 GO	160 V	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL	SECURITY NO.	17 INFORMANT	ADDRESS		
Poge Poge	- 0	VES NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	76-2263				
e be cron then	-	I					APPROXI	MATE INTERVAL
hicot pop novo ent,		PART I. DEATH WAS CAUSE	D BY:	SCIPRATI	C CARDIOY	ASCULAR DIS	EASE BETWEEN C	ONSET AND DEATH
certing probability in the probability of the proba		087 IMMEDIAT	E CAUSE (a)					
tend e co on, o		Conditions if any subjet	DUE TO, OR AS A CON	EN ALIZ	ED ART	ERIOSCLEROS	501	
motive of track		Conditions, if ony, which gove rise to immediate)		,,,,	-1-107		
or the creek		cause (a), stating the underlying cause lost.	DUE TO, OR AS A CON	SEQUENCE OF				
pleo priod,	100	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TE	PMINAL DISEASE OR CONDIT	ION GIVEN IN PART 14	
quir sigi fhen to b	Z	(CHRANIC	1 11 1			ent(R) 1to		ture
beer mit.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W		N WAS PERFORMED		. IF YES, WERE FINDIN	
he lo on. hos per ene	TEK		and a factor of			YES NO	YES [NO
ysicii ys	CER	210. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	L DAY VEAD	214 HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN	ITEM 18 PART (OR PART 2)	
Clarification of the last of t	A	OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	15/20/19/0			
HYS!	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION	CITY OR FOWN	COUNTY	STATE
G Pler the er the sthe ond iond	¥	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, C	PFFICE FARM ETC)	21KEE1	CITORIOWA	COUNTY	SIAIE
or or or or work		220 certify that (1) (this haspit		rom 7-	26 ,198	C, to 10-23	. 19 85	that (I) (we) last
TITEN Pitol For of H		saw the decrased alive an	1) view the body after death.	19_ & \$_, on	d that in (my) (aur) apini	on death occurred on the date	and have and from the	causes stated
hos hos hed hed lept		22b. SM (14)	611	- 11/	GREE		22c. DATE	SIGNED
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etorned TO FUN Should b with the		1-1-1/1	GLINAU	AN	80 5 1	HILA. RI). 1 / sac	10-2123
Die Die Miles		SURIAL, CREMATION, REMOVAL	23b DATE	234 NAME OF C	METERY OR CREMATOR	Y 23d LOCATION	COUNTY	STATE
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DHMH - 16 60M 7/84	24 FI	JNERAL DIRECTOR	ADD	RESS	25o. C	ATE REC'D. BY REGISTRAR 256	REGISTRAR'S SIGNATI	URB Condago
(VRA 15, 4)		Anatoms		Balto	БМ	NUV 1 1900	(with the lates	- Marilanna

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March Funeral Homes 1101 East North Avenue

(VRA 15, 4)



	1		STATE OF MARYLAND	3 9 2
	1.	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	2 / 64
000110	١.	REGISTRAR	CERTIFICATE OF DEATH REG. NO.	
290112	1. DE	CEASED NAME	MIDDLE LAST 128 DATE OF DEATH MONTH DAY	YEAR 26 HOUR
0 m=	TYPE	OR PRINT)	APPIE ANTON	1,500
A P		<i>C</i> /	111/2	1-1-M
on of	3. SE	X	The state of the s	NDER I YEAR IF UNDER 24 HRS
4 of		1-	NEGRO MONTH DAY YEAR TO YES	THS DAYS HOURS MIN
00	1 2 m D	DTURI A	110	DEATH
E 70 87 P		OUNTRY OF TATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? B MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF	DIT
100	1	14.	U. J. // WIDOWED DIVORCED DI SOLLAD.	- MU MD.
D P	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION	126. KIND OF BUSINESS OR
- + + Dr	1	PAITA	1 (A A) / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /	INDUSTRY *
5 5		BUTIO.	1800 Wandless My Homenia	
2 2 2 4	USU	AL RESIDENCE IF NURSING HOME (STATE 136 COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) INTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS	21212
9 3 1 3 5		md	BALIO YESD NOT 800 Winds	me The
3 13 13 13 15	14.5	ATHER'S NAME	IS. MOTHER'S MAIDEN NAME	7 917
を思めるまでつい	1	FIRST	MIDDLE LAST A FIRST MIDDLE	LAST
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1 1 87 5		IVO	103 1-14-3677 Nevi VAIILES TIPAREF O	DO WINDON G
Z 4 22 5		18 CAUSE OF DEATH Enter of	only one cause per line for (a), (b), and (c))	BETWEEN ONSET AND DEATH
3 650 8		PART I. DEATH WAS CAUS	ATE CAUSE (0) Septicemia intection	& days
S 8 995 3		IMMEDIA	7, C C A O O C (O)	^
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2 4 4111		gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUENCE OF	
¥ 5 490 €		underlying cause last		
0 0 0 0 0 0		BARTO OTHER STOLES	(c)	
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8 0 14 14	CERTIFICATION			
2 1 1110	8	190 DATE OF OPERATION		ERE FINDINGS USED IG CAUSES OF DEATH?
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£ = = = = = +	- E	210. ACCIDENT WAS UNDERLYING		
5 3年3年40		OR CONTRIBUTING CAUSE OF D	- Lucius III III III III III III III III III I	OKTANI ZI
0 00 1911	S	(IF EITHER, NOTIFY MEDICAL EXAMINE	R) P.M. 19	
NG PHYSICU offending p the this certi on the buried- th and Memba	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY LATHOME STREET FACTORY OFFICE FARM FTC.) 21f LOCATION STREET CITY OF TOWN	COUNTY STATE
71S Profit Phe and and	2	WHILE NOT WHILE AT WORK	[AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.] STREET CITY OR TOWN	COUNTY STATE
No state		AT WORK — AT WORK	5,011 25 121	100
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■ 報報 日まりだ		sow the deceased alive e	, ond that in (my) (our) opinion death occurred on the date and hour on	d from the causes stated
4 2 2 2 2 5		22b. SIGNA URF	DEGREE	22c. DATE SIGNED
01 030 =		1	ATTENDING MEDICAL STAFF	
PA P	-	Cle	PHYSICIAN DIRECTOR PHYSICIAN	
HOSPITA INVERA INTERNITORIA ORTANI	100	22d. PHYSICIAN'S NAME (TYPE	ORPRINT) 220 ADDRESS TO BE BOOK	. MI)
天皇 五海草 6		1 1 5 1 5K	P. LAI M.D Johns Hopkus 1103/ Parellin	rone of
으를 모든 3 중 - 1	230	BURIAL, CREMATION, REMOVA	L 23b. DATE/ / 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION /	1120
	230.	SPECIFY)	CITX OR TOWN, COL	INTY STATE
BP	7	-1) While!	10/18/83 PRDVIOSMEMPK ABDUILS,	ma
DHMH - 16 50M 1/76	24, F	DIERAL DIRECTOR	Agores () () 250. DAJE REC'D. BY REGISTRARIZSD. RIGISTRANIZSD. RIGISTRANIZSD. RIGISTRANIZSD.	rs-signatules

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

aka Leon Gene Ashlock

5. DATE OF BIRTH

56

Glazer

REG. I	40.			
20. DATE OF DEATH	HINOM	DAY	YEAR	2b. HOU
	10 -	7-	95	193
AGE (IN YEARS LAST B			ERIYEAR	IF UNDER
		MACONIZA	DAVE	NICOLIDA

MONTH DAY YEAR White 10 1929 June TO BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

MARRIED NEVER MARRIED DIVORCED

Baltimore City (TYPE OF WORK FOR MOST OF WORKING LIFE

BALTIMORE CITY OR COUNTY OF DEATH

12b. KIND OF BUSINESS OR INDUSTRY Glass Windows

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13a. STATE 136 COUNTY Baltimore Maryland

MIDDLE

U.S.A

RACE

15. MOTHER'S MAIDEN NAME

13e STREET ADDRESS / ZIP CODE 2422 Marbourne Road

14. FATHER'S NAME Walter

- STATE

3. SEX

CERTIFICATION

MEDICAL

00

Male

COUNTRY

Missouri

Baltimore

REGISTRAR DECEASED NAME

Ashlock

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Saint Agnes Hospita

Nellie 17 INFORMANT

Hohmeyer

60 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES GIVE WAR OR DATES) Yes WW TT

Gene Leon Ashlock

351-22-5558

Marion V. Ashlock 2422 Marbourne Rd. 21230

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY INFARCT ACUTE IMMEDIATE CAUSE (o DUE TO OR AS A CONSEQUENCE OF ORGANIZING THROUBOS RIGHT CORONARY Conditions, if ony, which gove rise to immediate couse (o), stating the

DUE TO, OR AS A CONSEQUENCE OF ITEROSCLEROSIS

(AT HOME STREET, FACTORY, OFFICE FARM, ETC.)

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

206. IF YES, WERE FINDINGS USED

211 LOCATION

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

underlying cause lost

21d INJURY OCCURRED

SIGNATURE

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21e PLACE OF INJURY

Hubbard Funeral Home, Inc. 4107 Wilkens Avenue

NICH 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART I OR PART 2

IN CERTIFYING CAUSES OF DEATH?

220 | certify that (1) (this haspital) attended the deceased from sow the deceased olive on. obove, (1) (we) (did) (did not) view the body ofter death

DEGREE

22e ADDRESS

MEDICAL PHYSICIAN | DIRECTOR PHYSICIAN

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

TIC DATE SIGNED

Micheal E. Pelciar

Saint Agnes Hospital 23c NAME OF CEMETERY OR CREMATORY

CITY OR TOWN

Marriottsville Howard Maryland

DHMH - 16 60M 7/84

230 BURIAL CREMATION REMOVAL Buria] 24 FUNERAL DIRECTOR

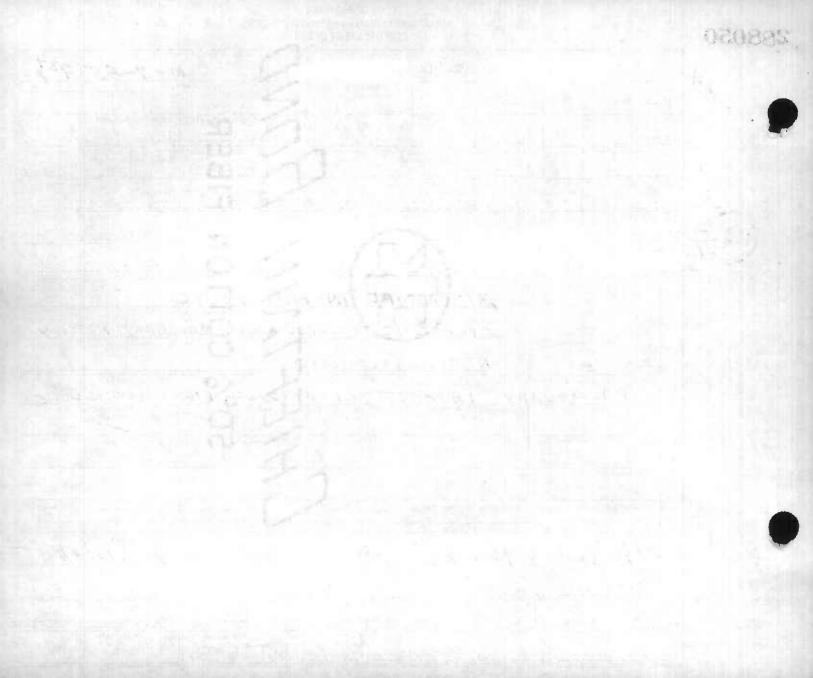
(SPECIFY)

Crestlawn Cemetery

250. DATE REC'D. BY REGISTRAR

ina Davidson Bandall

(VRA 15, 4)



AND 21201

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMO

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIFICATE OF DEATH

REG.	NC

2

	REGISTRAR				CENTII	ICATE OF	DEATH		REG. N	0.		
	ECEASED NAME	FIRST	٨	AIDDLE		LAST		20. DATE OF	DEATH	MONTH D	AY YEAR	2b HOUR
111	PPE OR PRINT)	bert	Ben	jamin	Aski	ns		1 3		10 7	85	8:30pm
3. 9	SEX	4	RACE		5. DATE			6 AGE INYE	ARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS
	male		whit	е	5 5	26	02	8	3	YRS	ONTHS DAYS	HOURS MIN.
76.	BIRTHPLACE (STATE OR	FOREIGN 71	CITIZEN OF	WHAT COUNTRY?	8 MADDIE	D X NEVER	MARRIED T	9 BALTIMOR	E CITY C	OR COUNTY	OF DEATH	
1	Maryland		U.S.A	3500.0	WIDOW		IVORCED	Ba	ltim	ore Ci	ty	MD.
10	CITY OR TOWN OF DE	ATH 1		HOSPITAL, NURSIN		OR OTHER INS	TITUTION	12a USUAL C		ION DE WORKING LIFE		OF BUSINESS OR
1.	Baltimore			nes Hospi				Welde		SI IVONNIUG ENE		acturing
	UAL RESIDENCE (IF NUR	SING HOME OR O	THER INSTITUTION	130. CITY OR TOW		1 134 INISIDE (CITY LIMITS?	13e.STREET A	DDBESS	/ 710 CODE		and the state of t
1	Maryland	Balti	1/	Arbutus		YES [NO 🔀			stone 1	Rd. 2	1227
14	FATHER'S NAME		DDLE	LAST		15. MOTHER	'S MAIDEN NA					
V	Chas		<i>l</i> arren	Aski	ns	Ma	rgaret	A . Y . Y .	Ann			nes
160	, WAS DECEASED EVER	IN U.S. ARM	ED FORCES?	166 SOCIAL SECU		17 INFORM			ADDRI	ESS	117	nes
1	(YES, NO OR UNKNOWN)	(IF YES, GIVE V	VAR OR DATES)	212-07-9	9609	Patri	cia A.	Rugale	690	na Rid	na Pd	21104
F		H (Enter only	nne chuse ner			1 I day	CIG III	naggic	5 021	os nia		XIMATE INTERVAL
	PART I. DEATH V	MAS CAUSED		RESPIR +	1-50	ey 7	-AILU.	RF			A	4111
		IMMEDIATE	C/1006 10/									
	Conditions, if ony, which (b) BICATERAL PNEUMONIA									D	4 V C	
	gove rise to immediate					1 10 2	-01-010	/ (- /				/ -
	underlying cause	DUE TO, OF							13/16			
	PART 2. OTHER SIG	NUE ICANIT CO	(c)	SEPSI		NOT DELATE	D TO THE TERM	- DISSAGE	00.501			
Z	PART 2. OTHER SIG	MIFICAINI	INDITIONS <u>CC</u>	DIALKIBOLING TO L	ZEATH BUT	NOI RELATE	D TO THE TERM	MINAL DISEASE	OR CON	IDITION GIVE	EN IN PART I	a.
CERTIFICATION	19n DATE OF OPERA	TION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO	DRMED	20a AUTO	PSY?	20b. IF YES	WERE FIND	INGS LISED
문								YES 🗀	NOD		YING CAUSE	S OF DEATH?
ER	21g. ACCIDENT WAS UN	DERLYING	21b. TIME O	F INJURY		21c. HOW II	NJURY OCCUR					NO []
	OD CONTRIBUTION	CAUSE OF DEATH	HOUR A.	M. MONTH DA				(2.412.4.44)	0112 01 11140	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
MEDICAL	21d INJURY OCCUR		21e PLACE (19	211 LOCATI	ON			_		
ME		HILE		EET, FACTORY OFFICE F	ARM ETC)	STREE			CITY OR TO	NWO	COUNTY	STATE
		AT WORK AT WORK									1005	
	,			_	Down "	nd that in (my) (aur) apinian	death accurred	on the d		/	that (1) (we) last
	saw the deceas abave, (I) (we) (22b. SIGNATURE	did) (did not)	view the body	ofter death.		DEGREE	, (aa, ap, man		on the o	are and maor		E SIGNED
	III. SIGNATORE	110000	. 0				ATTENDING _	MEDICAL	STA	FF /	III. DAIL	17/25
+	224 PHYSICIAN'S N	22d PHYSICIAN'S NAME (TYPE OR PRINT)					PHYSICIAN DIRECTOR PHYSICIAN 2					
				VID		THE ADDRE.	33					
-	Margare						0 Cator					
23a	BURIAL, CREMATION,	REMOVAL	23b. DATE	23c. N	IAME OF	EMETERY OR	CREMATORY	23d. LOCA	ION R TOWN		COUNTY	STATE
L	Buri	ial	10/1	1/85 La	ke V	lew Cem	1.	Syke			Carrol	
24.	FUNERAL DIRECTOR					21220	25a DAI	E REC'D. BY RE	GISTRAR	25b. REGISTE	RAR'S SIGNA	TURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carban paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

MPORTANT: If them 21 is marked at them.

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the haspital or attending physician injury, or other troumatic event,

21229 ADDRESS Hubbard Funeral Home, Inc. 4107 Wilkens Ave 25. DATE REC'D. BY REGISTRAR 286. REGISTRAR'S SIGNATURE

304056

1 - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Com	1	.5	1	-

,	F	REGISTRAR				CERTIF	ICATE UF	DEATH	RI	EG. NO.				
		ASED NAME	FIRST		MIDDLE	l	AST		20 DATE OF DEA		I HTM	DAY YEAR	26 HOUR	_
4	(TYPE OF	R PRINT)	Cyril		F.	Atki	ins		October	26,	198	5	9:40A	М
	3 SEX			4. RACE		5. DATE C			6. AGE (IN YEARS L	AST BIRTHD	AY)	IF UNDER I YEAR		_
		ALE		BLACK		7	15	1899	86		YRS.	MONTHS DAYS	HOURS MIN	l.
/	7a. BIRT	HPLACE (STATE	OR FOREIGN	Th CITIZEN OF	WHAT COUNT	RY? 8.	X NEVER	MARRIED -	9 BALTIMORE C	ITY OR	COUNTY	OF DEATH		
		ARBADOS		WEST I	NDIES	WIDOWE		IVORCED	Baltim	ore	City		Α.	AD.
	10 CITY	OR TOWN OF	DEATH	11. NAME OF	HOSPITAL, NU	RSING HOME C	OR OTHER INS	TITUTION	120 USUAL OCC			12b. KIND	ORGANSO	
3		ltimore		Maryla		eral Hos	spital		CHEMIST			SSOR L	NIVERS	[]
1	13a STA	RESIDENCE (IFN ATE YLAND	URSING HOME OR	OTHER INSTITUTION,	13t. CITY OR I	OWN	13d INSIDE	CITY LIMITS?	301 MCI	RESS / Z	IP CODE	root	21217	
4	_	HER'S NAME			DALLI	TIONL	Local	'S MAIDEN NA		recite	311 31	treet,	21211	_
0	ED	MUND		HODA	ATKINS		HELE			DDLE		UNK	NOWN	
٦		S DECEASED EV			166 SOCIALS	ECURITY NO.	17. INFORM	ANT	1	ADDRESS				_
	Ν̈́Ö	NO OR UNKNOWN!	(IF YES, GIVI	WAR OR DATES)	212-38	-0521	DOROT	HY E. A	TKINS, 30	01 MC	CMECH	HEN STR	EET	
	18	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH												
1		PARTI DEATH WAS CAUSED BY: Cardiogenic shock, probably myocardial infarction.												
		DUE TO, OR AS A CONSEQUENCE OF											ī	
		Conditions, if ony, which gove rise to immediate										3		
		cause (a), sta		DUE TO, OF	RAS A CONSE Vascula	QUENCE OF	disea	ise				130		
1	P	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN THE MENTIA.												
1	Z	Non-insulin dependent diabetes; Probable left cerebrovascular accident,												
	A 19	o. DATE OF OPE		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED				20a AUTOPSY	? 21	b. IF YES	, WERE FIND I	NGS USED	_	
	CERTIFICATION							YES NO		V CERTIF	YING CAUSES	OF DEATH?		
		10. ACCIDENT WAS		21b. TIME O	F INJURY M. MONTH	DAY YEAR 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART				ART I OR PART 2)				
П	NO L	(IF EITHER, NOTIFY M	EDICAL EXAMINER	P./	Μ.	19								
1	9	Id INJURY OCC		21e PLACE (OF INJURY	ICE FARM FIC)	21f LOCATI		CITY	OR TOWN		COUNTY	STATE	
1		WHILE NOT	WHILE WORK					0.25						
1	27	20.1 certify that	X) (this hospit	al) attended the	e deceased fro	- Octobe	r 20	. 19.85	to Octob	er 2	6	9 85	that (I) We) la	st
1		saw the dece obaveXI) (we	osed alive on.	Octobe	ofter death.			(XX) apinion a	death accurred an	the date	and hour	and fram the	causes stated	
1	27	26. SIGNATURE	-	1	non		DEGREE	ATTENIDING	MEDICAL	CTAFF		22c. DATE		
4		Mes	cerm	7	Asker	m h	0:10		MEDICAL DIRECTOR PI	STAFF	1 🗆	10,	/26/85	
1	22	Moh a			D		22e ADDRES		d 0	7 77		,		
1		mon at	illiau, A	slam, M	.D.		C/0	maryian	d Genera	T HO	spit	al		
		RIAL, CREMATIO		23b. DATE		3c. NAME OF C			23d LOCATION			COUNTY	STATE	
-		BUR	I AL	10-31-	-1985	MARYLANI	D NAT	L CEM.	LAUREL	. MAR	YLAN	D	JIAIL	

21216

DHMH - 16 60M 7/84 (VRA 15, 4)

74 FUNUTATER SONS FUNERAL HOME , INC. 2501 GWYNNS FALLS PARKWAY, BALTO., MD

LAUREL MARYLAND 250. DATE REC'D, BY REGISTRAR 256, REGISTRAR'S SIGNATULE OCT 2 9 1985

ter-invalle dependent diabetes, Vastable Left emphrovaccular acqident,

or interior 20 th October 25

2073	1 -	FOR STATE REGISTRAR	DEPARTM	NENT OF H	OF MARYL EALTH AND CATE OF	MENTAL HYG	IENE REG. NO	2 7	5 9 6)
boge 3		CEASED NAME FIRST OR PRINTS ELIZA		AUS'			OCTOBER 21	, 1985	26 HOU 2; 2	25A _M
age 4 mo rector, po urs after	3. SEX	F	4 RACE B	5. DATE O	F BIRTH	1917	6. AGE (IN YEARS LAST BIR	3 YRS.		R 24 HRS
deoth. Pe		RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland TY OR TOWN OF DEATH	76 CITIZEN OF WHAT COUNTRY? U.S.A.	WIDOWE	D X	MARRIED	9. BALTIMORE CITY O BALTIMORE	CITY		MD.
ours offer in by the f e filed wit		BALTIMORE AL RESIDENCE (IF NURSING HOME OF	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET, THE JOHNS HOPKIN ROTHER INSTITUTION, GIVE RESIDENCE BEFORE	S HOS		STITUTION	179E OF WORK FOR MOST O		126 KIND OF BUSIN INDUSTRY	ESS OR
should by	13a S	Maryland 136 COUR		N	YESX	NO	130 STREET ADDRESS /	'edera	St. 21	213
s Cond 2		Clarence VAS DECEASED EVER IN U.S. AR		RITY NO.	Cora	FIRST	MIDDLE	SS	LAST	
con and confidence of the medical		no (IF YES GIVE WAR OR DATES) Elizabeth Austin 1806 F						6 Fede	eral St.	
certificating physical physica		PART I. DEATH WAS CAUSE IMMEDIA		IM made a						
that the death by the attendesse remove co		Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	rypote	usion				2 hour	1.2
equires in signed Then pl injury, o	NOI	PART 2 OTHER SIGNIFICANT (CONSTRUCTOR VOLGE)	onditions contributing to a	ME C		D TO THE TERM		DITION GIVEN	IN PART 11a	
The law in cian.	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	RATION WAS PERFORMED				, WERE FINDINGS USED YING CAUSES OF DEATH?	
SICIAN: ng physic certifical unal-tran fem 18 i	MEDICAL CE	2]a, ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE	P.M.	Y YEAR			RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	1 OR PART 2)	
ING PHY r offendi	MED	21d INJURY OCCURRED WHILE NOT WHILE AL WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA		216 LOCATI	t	CHTY OR TO			STATE
ATTEND operated o escribe deforuse to the deforuse m 21 is m		saw the deceased alive an above, (1) (we) (did) (did no	ital) ottended the deceosed from 19		d that in (my) (aur) apinian c	death occurred an the do	ate and hour as		tated
by the humber of	13	22d PHYSICIAN'S NAME TYPE C	A CAS	n	PEGREE 22e ADDRE		MEDICAL STAI DIRECTOR PHYSIC		10/21/8	5
TO HOSPIT. TO FUNER. Should be with the Site	12a n	SULM	Asy		8	##	Tast toc atroal			

DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL (SPECIFY) 236 DATE 10-26-85 BURTAT.

23c. NAME OF CEMETERY OR CREMATORY

STATE

ARBUTUS W.C.March F/H Co. 1101 E. North Ave.

23d LOCATION
CITY OR TOWN

Baltimore County Mã

FOR - STATE REGISTRAR DECEASED NAME

ALEXANDER

STATE OF FOREIGN

4. RACE

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
13a STATE 13b COUNTY 13c CITY OR TOWN

B

U.S.A

TO CITIZEN OF WHAT COUNTRY?

JOHNS HOPKINS HOSPITAL

Baltimore

TYPE OR PRINTS

70. BIRTHPLACE

BALTIMORE

Maryland

14 FATHER'S NAME

CITY OR TOWN OF DEATH

Va

3 SEX

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

LAST

AVERY

5. DATE OF BIRTH

WIDOWED |

6

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

CERTIFICATE OF DEATH

30

MARRIED NEVER MARRIED

YES &

13d INSIDE CITY LIMITS?

YEAR

12

DIVORCED [

NO [

15. MOTHER'S MAIDEN NAME

IF UNDER I YEAR

INDUSTRY

26 HOUR

12b. KIND OF BUSINESS OR

21213

01:20 A

IF UNDER 24 HRS

REG. NO

OCTOBER 1, 1985 6 AGE (IN YEARS LAST BIRTHDAY)

BALTIMORE CITY

TYPE OF WORK FOR MOST OF WORKING LIFE

13e STREET ADDRESS / ZIP CODE

120 USUAL OCCUPATION

BALTIMORE CITY OR COUNTY OF DEATH

1922 E. Lafavette Ave

20. DATE OF DEATH MONTH

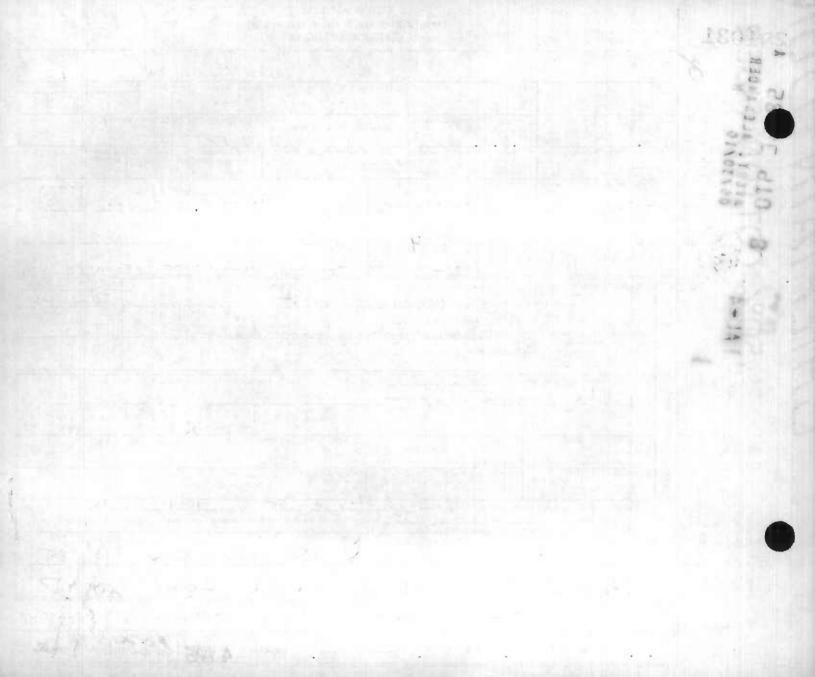
73

BALTIMORE, MARYLAND 21201 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.

ental Hygi should be detoched for with the State Dept. o IMPORTANT: If Hem 2

	FIRST	WIDOFE	LAST	FIRST	MIDDLE	LAST			
Jo	hn		Avert	Sadie		Darden	.1. 31		
	VAS DECEASED EVER IN U	S. ARMED FORCES?	166, SOCIAL SECURITY NO.	17 INFORMANT	ADDRES	S			
nC		TES, GIVE WAR ON DATES)	219-05-087	5 Frances	Avery 192	2 Lafayette	Ave.		
	18 CAUSE OF DEATH LEM PART I. DEATH WAS C	AUSED BY.	line far (a), (b), and ich	ary arrest		approximate in BETWEEN ONSET A 20 minu	4		
	Conditions, if any, whi gove rise to immedia couse (a), stating t underlying cause la	ch (b) (b) (b) (b) (b) (che)	RAS A CONSEQUENCE OF	rie pol monary	disease	5yrs			
NOI	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								
CERTIFICATION	190 DATE OF OPERATION								
-	210. ACCIDENT WAS UNDERLYING CAUSE (IF EITHER NOTIFY MEDICAL EX	OF DEATH HOUR A.	FINJURY M. MONTH DAY YEAR M. 19		RED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART 2)			
MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	n COUNTY	STATE		
	220.1 certify that (1) (this saw the deceased all abave, (1) (we) (did) (c	ve an 10	1 19 85	ond that in (my) (aur) opinion	, to O	, 19 , that (I e and hour and fram the causes	li (we) last s stated		
	22b. SIGNATURE	- 1 the	me t	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICI		5		
	Stwen :	I She	men MD	Johns Ha	okins Hospit	al Bult My	7		
B	BURIAL, CREMATION, REMO URIAL	23b. DATE 10-5		cemetery or crematory and National		-	1 and		
	UNERAL DIRECTOR	/н со.	1101 E. Nor	th Ave. 250 DAT	E REC'D. BY REGISTRAR 2	SECUSTRAPS SIGNATURE	LEL		
					77				

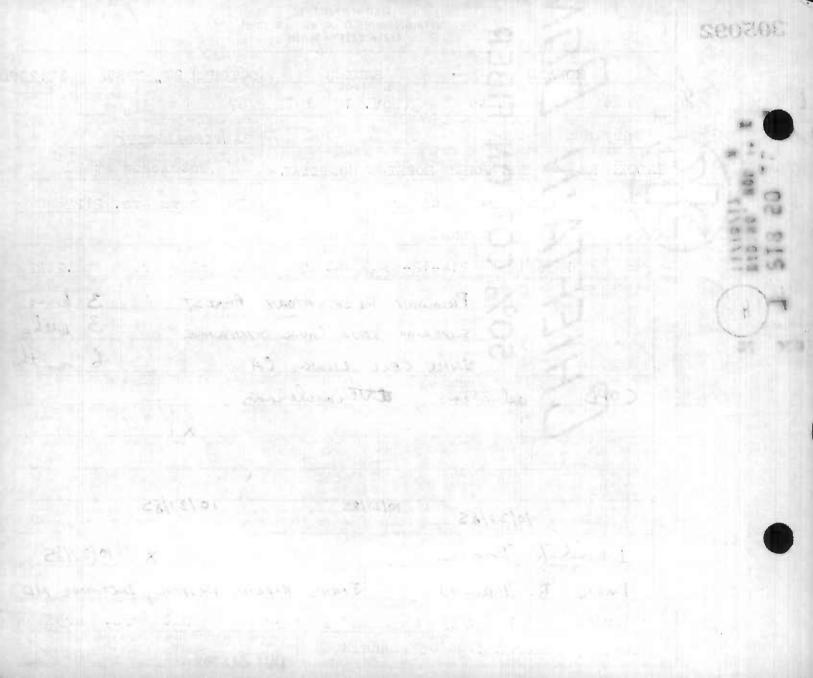
DHMH - 16 60M 7/B4 (VRA 15, 4)



283137	1	FOR STATE		STATE OF MARYLAND ARTMENT OF HEALTH AND MENT	0	1 3 3 3
8:31 0	I. DE	CEASED NAME	Bachelder H.	Backelder	REG. NO. 20. DATE OF DEATH MONTH	3- 85 26 HOUR
4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	1 SE	male !	AGE White	S. DATE OF BIRTH	AR AGE (IN YEARS LAST BIRTHDAY) YRS.	MONTHS DAYS HOURS MIN.
1 1 6 6 6	C	oncord, Naha	CITIZEN OF WHAT COUNT	MARRIED MEVER MARRIE	Baltimore	
10 10 10 10 10 10 10 10 10 10 10 10 10 1	0	BALTO, MP.	Sinai Hos		Principal	School Syst
ND 31	13e :	AL RESIDENCE (IF NURSING HOME OR OTH STATE LINE COLLEGE Caroli	13c CITY OR	ALSBURG YES NO [313 Holt St	reet - 21632
	1	Samuel L	. Bachelo	ler Sarai	h MIDDLE	Hutchins
A CONTRACTOR OF THE PARTY OF TH		VAS DECEASED EVER IN U.S. ARMED YES, NO OR LINKNOWN) IN YES, GIVE WA YES WW I		SECURITY NO. TO INFORMANT 2	250 Main storess-To on Funeral Home	01469
ST., BAI physic on pape emeral, if event, if		18 CAUSE OF DEATH (Enter only o PART I. DEATH WAS CAUSED BY IMMEDIATE C	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
death a death a death a death a death a death a death and death a death and death a death and death a		Canditians, if any, which	2 day			
that the state of		gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A SONSI	terrescelendes Herry	Lieux & chrone	3 year
ORDS, 20 requires The pile of to burn injury, o	NOI	PART 2 OTHER SIGNIFICANT CON	iditions contributing	TO DEATH BUT NOT RELATED TO THE	TE TERMINAL DISEASE OR CONDITION G	IVEN IN PART 110
Al RECO	RTIFICA	90. DATE OF OPERATION		HICH OPERATION WAS PERFORMED	YES NO NO NO IN CERT	ES, WERE FINDINGS USED FIFYING CAUSES OF DEATH? YES \(\text{ NO } \(\text{ \text{ NO } \text{ \text{ \text{ NO } } \text{ \text{ \text{ NO } } \text{ \text{ \text{ \text{ NO } } \text{ \text{ \text{ NO } } \text{ \text{ \text{ NO } } \text{ \text{ \text{ \text{ NO } } \text{ \text{ \text{ \text{ NO } } \text{ \text{ \text{ \text{ NO } } \text{ \text{ \text{ \text{ NO } } \text{ \text{ \text{ \text{ \text{ NO } } \text{ \text{ \text{ \text{ \text{ \text{ NO } } \text{ \tex
SECIAN SEC	CAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	OCCURRED (ENTER NATURE OF INJURY IN ITEM IS	3 PART I OR PART 2}
ANYISION OF PHYSION OF THE PHYSION OF T	MEDI	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.)	CHYORTOWN	COUNTY STATE
ATTENDS gentel or CTOR, A The other of Health	1	22a.1 certify that (1) (this haspital) saw the deceased alive an above, (1) (we) (did) (did-not) vi	0 4 5 3	010	ppinian death accurred an the date and he	1985, that (I) (we) last our and from the causes stated
AL OF		22b. SIGNATURE	anuel I	ein MD ATTENI	DING MEDICAL STAFF	18 3/85
D HOSPI to hold by hold by the the st		MANUEL LE	VIN 14.	0 20 ADDRESS 6 10 1 A	RK HOTS AVE BA	LTO 140 2125
BP		Burial .	10/7/85	236 NAME OF CEMETERY OF CREMA Hillside Ceme	tery Townsend,	
DHMH - 16 50M 4/83 (VRA 15, 4)	7.	uneral director Sterli 36 Edmondson A	ng Funeral ve.;Catons	Estate, P. A. Wille, Md. 2122	250. DATE REC'D. BY REGISTRAR 25b. REGI	STRAR'S SIGNATURE

YELGHE 10-3 35 7 35 011 Congress, W.W. 4 SA , raile an estation DALTE, MED Stagt and Red Dancin to Ferenda SEAS + FASTER THE ELE M The state of the s custos Joseph and Marian Conferma, come erily the team interest in the

305092	1	FOR - STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 5 2 / 5 7 9
		ECEASED NAME FIRST	#IDDLE	LAST	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR
poge 3	1	HOWAR	E.	BADING	OCTOBER 27. 1985 12:23
mo)	1. S		4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 21 HRS
ector irs of	1	Male	White	NOV. 18 1947	67 YRS MINIS MINIS
S Pour de	Jo. 1	SIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	MARRIED INEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH
to a see a see		"Maryland	USA	WIDOWED DIVORCED	BALTIMORE CITY MD.
led he had	E	BALTIMORE	THE JOHNS I	HOPKINS HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BETHLENEL STEEL
Sold of the state	13a	JAL RESIDENCE (IF NURSING HOME OF STATE 136 COU! Maryland	NTY 13c. CITY OR	imore 13d inside city limits?	13. STREET ADDRESS / ZIP CODE 6209 Brown Ave. 21224
		Joseph	Badi.	ng Is MOTHER'S MAIDEN N	Middle Lang
Poge Poge	160	WAS DECEASED EVER IN U.S. AR	of word on ourse.	security no. 17 INFORMANT 12-9543 Kathryn E	Bading 6209 Brown Ave.21224
he low enquires that the double on the property of the interior of permit. Their plants enter on the interior of the order of the property or other traumons.	CERTIFICATION	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (COPD) 19a DATE OF OPERATION	ashestosis	RIOR VENA CAUAL SEQUENCE OF CELL LING	SYNDRAME 3 Weeks CA 6 with MINAL DISEASE OR CONDITION GIVEN IN PART 110 200. AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NOW YES NO NO
PHYSICIAN: tending physic this certifical he buriol-tran nd Mental Hysical are term 18	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOT WHILE	HOUR A.M. MONTH	1 DAY YEAR 19 211 LOCATION	RRED (ENTER NATURE OF INJURY IN ITEM IB PART 1 OR PART 2) CITY OR TOWN COUNTY STATE
OR ATTENDING he hospital or of DIRECTOR: After sched for use as a Dept of Health of filem 21 is marken		22a.1 certify that (I) (this hasp	ital) attended the deceased line 10/27/85. at I view the body after death.	. and that in (my) (our) apinio DEGREE	, to 10/27/85. 19 , that (I) (we) last n death occurred on the date and hour and from the causes stated
HOSPITAL bined by th FUNERAL sold be dete th the State		DAVID R	- BROWN	22e ADDRESS	OKINS HOSATAL BACTINORE MP
BP	23a	Burial, cremation, removal Burial	23b. DATE	236 NAME OF CEMETERY OF CREMATORY Oak Lawn Cemetery	23d LOCATION CITY OF TOWN - COUNTY - STATE
DHMH - 16 60M 7/B4 (VRA 15, 4)	24	Connelly Fur		per pundalk 250.00	ATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE



.034554 the to tall may have not been added to the tall of the John C. K. Llouding Super Super

in by the funeral director, page 3 e filed within 72 hours ofter death DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 within 24 hour certificate has been ATTENDING PHYSICIAN: The low ottending physicia etained by the hospital ar TO FUNERAL DIRECTOR.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	STATE REGISTRAR			CERTIF	ICATE OF DEATH		REG. NO).		
	CEASED NAME FIR	ST	MIDDLE	l	AST	20	DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
(ITPE	Wil	lie	Mae	Bai	lley		October	5, 1	985	M
3. SE	X	4 RACE		5. DATE C		6	AGE LIN YEARS LAST BIRT	HDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	Female	Blac	k	10	8 1913	3	71	YRS	MONTHS DATS	HOURS MIN
7o BI	RTHPLACE (STATE OR FOREIG		OF WHAT COUN	VTRY? 8		9	BALTIMORE CITY O		OF DEATH	
1	COUNTRY)	100	USA	WIDOWE	D NEVER MARRIED		Baltimo	re (City	MD.
10. C	ITY OR TOWN OF DEATH		OF HOSPITAL, N	IURSING HOME C	R OTHER INSTITUTION	N 12	a USUAL OCCUPATH	NC	12b. KIND C	F BUSINESS OR
F	Baltimore		SUCH FACILITY, GIVE	Hospita	1	(Housewife	F WORKING U	FE) INDUSTRY	
13a. S	AL RESIDENCE (IF NURSING HISTATE 13b		ION GIVE RESIDENCE	BEFORE ADMISSION)	13d INSIDE CITY LIMIT YES 🛣 NO 🗌]	eSTREET ADDRESS /			21216
STATE OF THE PERSON	ddie FIRST	MIDDLE	Herr	ington	Carrie	NNAME	WIDDLE		Wils	on
160 V	VAS DECEASED EVER IN U			SECURITY NO.	17 INFORMANT		ADDRE	55		
- {	YES HONRUMINOWN)	YES GIVE WAR OR DATE	212-2	2-3361	Theodore H	Herri	ington 2868	3 W. I	Mulberr	v Street
NOI	Canditions, if any, whi gave rise to immedia cause (a), stating tunderlying cause to PART 2. OTHER SIGNIFIC	ch (b) the DUE TO	OR AS A CON	SEQUENCE OF	Avalve Not related to the	tes.	AL DISEASE OR CONI	DITION GIV	VEN IN PART 1:	o
FICA	190 DATE OF OPERATION	19b CO	NDITION FOR W	VHICH OPERATIO	WAS PERFORMED		20a AUTOPSY?	IN CERTI	S, WERE FINDIF FYING CAUSES	OF DEATH?
RTS	21a. ACCIDENT WAS UNDERLYI		E OF INJURY		In How himsy or	CCUPPED	YES NO		S 🗌	NO []
MEDICAL CERTIFICATION	OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX 21d INJURY OCCURRED	OF DEATH HOUR	A.M. MONTE P.M. CE OF INJURY	H DAY YEAR	21f LOCATION	CCURRED) (ENTER NATURE OF INJUR	30	COUNTY	STATE
X	WHILE NOT WHILE] [AT HOMI	STREET, FACTORY C	OFFICE, FARM, ETC)	STREET		CITY OK 101	~~	COUNTI	STATE
h	220 1 certify that (1) (this saw the deceased all about 1) (1) (1)		the deceased to alter death.	_198\$ ar	d that I (my (our) ap	85 pinion dec	, ta 300	ite and hou	-	
	210. SIGNATOR	* DOUN	MI)	ATTENDII PHYSICI		MEDICAL STAP		10/	7/82
	226 PHYSICIAN'S NAME	oult	er		22e ADDRESS	25	cours	A	Dark	el.
23o. E	BURIAL, CREMATION, REMI SUPTA1		1.405		EMETERÝ OR CREMAT		234 LOCATION CITY OF TOWN		Countr	STATE .
		10/1	1/85	Md Natio	onal Memori		Laurel	100		Md
24. FI	UNERAL DIRECTOR				250	O. DATE R	EC'D. BY REGISTRAR	256, REGIST	RAR'S SIGNAT	URE DO

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

should be detached for use as the burnal-transit permit. The mease with the State Dept. of Health and Mental Hygiene prior to minimilian

MPORTANT: If Hem 21 is marked or Hem 18 shows any

Wm. C. March F/H West 4300 Wabash Ave

04.0044	1.	KEITH EDWA		STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY	GIENE 5 2 /	1 6 0 2
310044	200	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
o e c t		OR PRINT) KEITH	=DWAR	D BAKER	20. DATE OF DEATH MONTH	1 85 02:10 _{AM}
poge 3	3. SE		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
ge 4		MALE	WHITE	04 17 1969	16 YRS	AONTHS DAYS HOURS MIN.
h. Pool dir		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR		9 BALTIMORE CITY OR COUNTY	
deort deort		HD.	U.S.A.	WIDOWED DIVORCED	BALTINORE	THID.
by the full with followith	1	BALTIHORE	(IF NOT IN SUCH FACILITY, GIVE STR	SING HOME OR OTHER INSTITUTION RET ADDRESS) LYCAND HOSP.	130 USUAL OCCUPATION (145TUDENT) OF WORKING LIFE	12b. KIND OF BUSINESS OR INDUSTRY
mys be		AL RESIDENCE (IF NURSING HOME OR STATE 136/COUN	VITY 13c. CITY OR TO		130. STREET ADDRESS / ZIP CODE 5 GLENWEST CT	BALTIMORE 201
The State of the s	14. F/	THER'S NAME	MIDOLE LAST	15 MOTHER'S MAIDEN NA	ME	MYRICK
8080		EDWARD	G. BAK	ER SHIRLEY	MIDDLE	BAKER.
MORE ond a Poges I			MED FORCES? 166 SOCIAL SE		T. U.OF MARYL	
ALTII he be oers	F	18 CAUSE OF DEATH (Enter on	ily one couse per line for (a), (b),			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
f., B phys npap movent,		PART I DEATH WAS CALISE	D BY	- RESP. FAILURE		BETWEEN ONSET AND DEATH
201 W. PRESS es that the dec ed by the afre please remave ural, cremation		Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEC		LEUKEMIA.	
	Z	NONE.	CONDITIONS CONTRIBUTING T	ODEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVE	EN IN PART 110
been mit. T	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF YES	, WERE FINDINGS USED
he lo	TIFIC	NIA	NIA			YING CAUSES OF DEATH?
ICIAN TI g physical entificate iol-tronsi ntol Hygi	1	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	ART 1 OR PART 2)
NG PHYSICIAN The low require ottending physician. When this certificate has been signs the burial-transit permit. Then the and Mental Hygiene prior to borked or Item 18 shows any injury	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY	21f LOCATION	CITY OR TOWN	COUNTY STATE
R ATTENDIN hospital or chospital or consequence of the for use or consequence of Health iem 21 is more		220 I certify that M (this hospi	tal) attended the deceased from 10/30/	00	death accurred on the date and hour	and from the couses stated
0 = 0 10 1		226 SIGNATURE & RELIGIO	s	DEGREE NID. ATTENDING PHYSICIAN F	MEDICAL STAFF DIRECTOR PHYSICIAN	220 DATE SIGNED
O HOSPITAL OFUNERAL TO FUNERAL should be deto with the Store		S. KHAN.	H.D.	22e ADDRESS	YLAND HOSP, 22 S	
TO Horizon To House Should with IMPO	23a. I	BURIAL, CREMATION, REMOVAL		BE NAME OF CEMETERY OR CREMATORY	23d LOCATION	BALTINGS
BP	BU	RIAL	11/04/85	PARKWOOD CEMETER	Y BALTO.	BALTO. MD.
DHMH - 16 60M 7/84		PAME E COLOR	AOORES	250 DA	TE REC'D. BY REGISTRAR 256. REGIST	
(VRA 15, 4)	1	1-11		July 1	DV 04 1005 Julie	Tarida You



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		REGISTRAR			CERTIF	ICATE OF DE	AIH	REG	NO.				
		CEASED NAME FIRST	A	AIDDLE	1	AST		20. DATE OF DEATH		DAY	YEAR	26 HOUR	
1	.{TYPE	LAWRENCE		н.	BA	LCH			10	30	85	940 A	AA
V	3 SEX		4 RACE		S. DATE C	OF BIRTH		6. AGE (IN YEARS LAST	BIRTHDAY		DER 1 YEAR	IF UNDER 24 HR	5
		Male	Wr	nite	MONTH 5		38	47	Y	MONTH RS	DAYS	HOURS MIN	d.
1	7a. BII	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	B	D ENEVER MA	DDIEL [9 BALTIMORE CITY	OR COU	NTY OF	HTASC		
1		elaware	Ţ	J.S.A.	WIDOWE		DRCED	Baltin	ore (City		• ^	AD.
	10 CI	TY OR TOWN OF DEATH	11. NAME OF	OSPITAL, NURSIN	IG HOME C		UTION	120 USUAL OCCUP	NOITA	12		F BUSINESS O	_
9	F	Baltimore		HEACILITY, GIVE STREET.				Insulator-			NDUSTRY	ъ Т	
0	-USUA	AL RESIDENCE (IF NURSING HOME O	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)						AI	α 1	-
5		aryland 136 COU	NTY	Baltimo		13d INSIDE CIT	Y LIMITS?	13e.STREET ADDRES			Aven	ue 2122	29
1	14. FA	THER'S NAME	MIDDLE	LAST	9850	15 MOTHER'S	MAIDEN NAM	NE MIDDLE			LAS		
C.	1		illiam	Balch			elen	Virgi				Roe	
		VAS DECEASED EVER IN U.S. AF	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMAN			PRESS		2122		
	- 11	YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	221-24-	7709	Shirle	N V	Balch 111	5 Die	o Uc		s Ave.	
		18 CAUSE OF DEATH (Enter of	nly one course per			I CHILLIS	Y IV.	ALCH III	7 11	1	APPROXI	MATE INTERVAL	_
				ARDIO R		PATORY	A	REST				hour	
		IMMEDIA									MANY		
	1	Conditions, if any, which	DUE TO, OF	HYPEK	カンソ	YOU						ARS	
		gove rise to immediate) (6)—	1112								•	_
		cause (a), stating the underlying cause last	DUE TO, OF	R AS A CONSEQUE	NCE OF					33			
		PART 2 OTHER SIGNIFICANT	CONDITIONS CO	NITPIRUTING TO F	SEATH BUIL	NOT DELATED I	O THE TERM	NAL DISEASE OR CO	MOUTICIA	CIVENII	L D A D T 1.		_
	Z	MALIGA	IANT	RAAIN	77	MOR	O THE TERMIN	IVAL DISEASE ON CO	NUITION	GIVEIN II	Y FART III		
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFOR	MED	200 AUTOPSY?	20b. 1F	YES, WE	RE FINDIN	NGS USED	_
7	F.	DOMESTIC STATE OF THE PARTY OF						YES TO NOT	INCE	RTIFYING	CAUSES	OF DEATH?	
-	ERT	210. ACCIDENT WAS UNDERLYING	7 216. TIME O	F INJURY		21c. HOW INJU	JRY OCCURRE	ED (ENTER NATURE OF I	JURY IN ITEM		ORPARI 21	NO	_
i		OR CONTRIBUTING CAUSE OF DE		M. MONTH DA				, content on the content of the					
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	P./ 21e. PLACE (19	211 LOCATION	,						
	ME	WHILE IT NOT WHILE IT		EET FACTORY, OFFICE F	ARM, ETC)	STREET		CITY OF	TOWN		OUNTY	STATE	
		AT WORK AT WORK			200	EMBER	1011	Doro	2015	_			
		220 1 certify that (1) (this hosp saw the deceased always	10/16/	deceased from_	Ser	4-	19 1-60	, to				that (1) we) la	ist
		about (1) we (did) did no		after death			or) apinian a	eath accurred an the	date and				
	1.5	226 SICHATURE	M. 1100	00)	1	DEGREE	TENDING 1	AMEDICAL S	TAFF		TIC DATE	SIGNED	
		MIMM U Z	Julyn	un	/1	J PH	YSICIAN A	DIRECTOR PHY	SICIAN		10/3	0/85	
		226. HIYSICIAN'S NAME (INT.)	e talen			JOHNS	HOPK	LINS ON	0406	V	·M/m	1	
		Dr. Grossman				בטונוטר	HOPK	مارات كرايا	0-0	7 6	ושויע	5	
		URIAL, CREMATION, REMOVAL			NAME OF C	EMETERY OR CR	EMATORY	23d LOCATION		1,01	YTAL	STATE	
	,	Burial	11/2/	85 L	oudon	Park Ce	metery	Baltin	ore			Maryla	n

(VRA 15, 4)

DHMH - 16 60M 7/84

Hubbard Funeral Home, Inc. 4107 Wilkens Ave. 24 FUNERAL DIRECTOR

BOE SISTEM REGISTRANS SHEWGANDRE



DIVISION OF VITAL RECORDS.

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med I regul name	yeslan Kunt	Caster	1 feet = too ()		nn

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Anomand J. West Inc. Holdingre, Maryland

Look Folg Mont Folg Hollogong

STATE OF MARYLAND CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

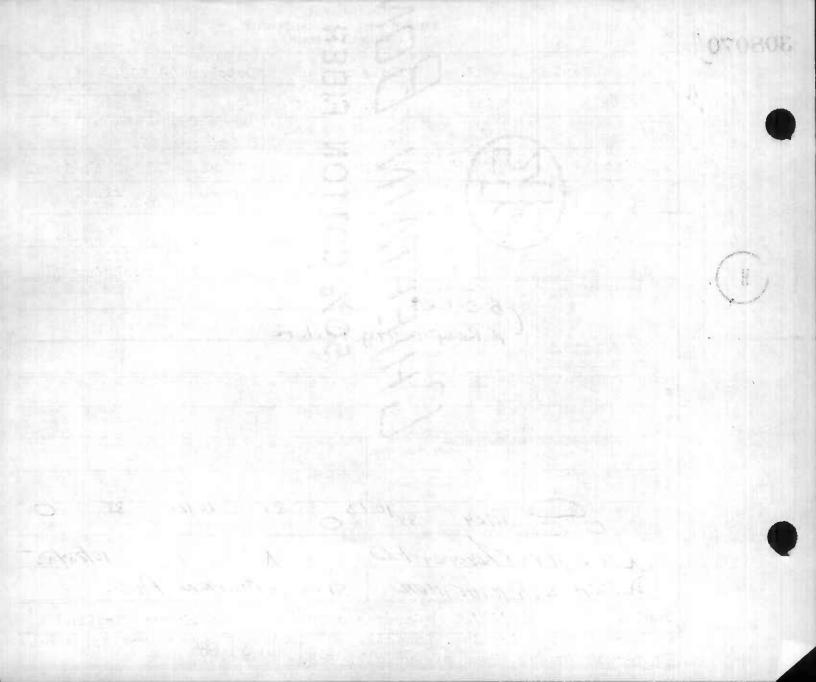
			REG. NO.	The same of the sa
I. DECEASED NAME. HIST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
Paul	F .	Balser	October 26	1985
T SEX 4 RAI	CF	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
Male	White	00t. 6 1901	84	MONTHS DAYS HOURS MIN.
	while	000. 0 1901	O 4 YRS	
	TIZEN OF WHAT COUNTRY	MARRIED C NEVER MARRIED	9. BALTIMORE CITY OR COUN	TY OF DEATH
Indiana	USA	WIDOWED DIVORCED		. t.11 MD.
ME CITY OF TOWN OF BEATH III. N	NAME OF HOSPITAL NURSI	NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	12b KIND OF BUSINESS OR
	ey meat cate		TYPE OF WORK FOR MOST OF WORKING	
Last time 1 h	eg mearcar	center	CLEIK	Deth Dieet
USUAL RESIDENCE (IF NURSING HOME OR OTHER 130. STATE	INSTITUTION GIVE RESIDENCE BEFO		13e.STREET ADDRESS / ZIP CO	DF 21222
MD Balti			1745 Brookvi	00
IN FATHER'S NAME	more Dunau	15 MOTHER'S MAIDEN I		ew na
MIDDLE		FIRST	MIDDLE	LAST
Francis	M. Balse	er Melin	$d\alpha$ E .	Morris
160 WAS DECEASED EVER IN U.S. ARMED F		URITY NO. 17 INFORMANT	ADDRESS	21222
(YES NO OR UNKNOWN) (IF YES, GIVE WAR		-3420 Everine	Balcan 1715 Br	
FT .			Darser 1740 Di	
18 CAUSE OF DEATH (Enter only one PART I, DEATH WAS CAUSED BY-		nd (c).)		BETWEEN ONSET AND DEATH
IMMEDIATE CAL	USE B (K) CUP	7		
The state of the s	DUE TO, OR AS A CONSEQU	JENCE OF		
Conditions, if any, which	- B Kespil	ratory Failure		
couse (a), stating the	DUE TO, OR AS A CONSEQU	JENCE OF		
underlying couse lost	(c)			
PART 2. OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION (SIVEN IN PART 1 (g
The Date of OPERATION 1	AL CONDITION FOR WHICH	H OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED
3 m part of cheranore	48 CONDITION FOR WHICH	H OPERATION WAS PERFORMED		TIFYING CAUSES OF DEATH?
i i			YES NO	YES NO
21s ACCIDENT WAS UNDERLYING [2	16. TIME OF INJURY	21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN ITEM I	8 PART I OR PART 2)
the commence of the same or recent	HOUR A.M. MONTH			
214 PUJURY OCCURRED 2	P.M.	19		
214 NJURY OCCURRED 2	TE PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
Al work I along I				
220 I certify that (this haspital at	ttended the deceased from	10/3 19 8	5 to 10/26	. 19.85 that (li we ast
saw the diceased alive on above, (I (we) (did) did not) view			an death accurred an the date and h	aur and from the causes stated
abave, (I (wo) (did did nat) view	v the bady after death.			
THE SECOND III	1	DEGREE	M MEDICAL STAFE	22c. DATE SIGNED
Willia Mikes	I houman	PHO ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	10/28/83
27 PHYSICIAN'S NAME THE OF PRINT	1)	22e ADDRESS		2
Donn C. 1		m = 00	EASTERN F	4.
Kell Her Lil	- WITHE IMIL		P. FISION I	77//-
23a BURIAL, CREMATION, REMOVAL 23b	DATE 23c	NAME OF CEMETERY OR CREMATOR		UE.

7922 Wise Ave. Dundalk,

Duda-Ruck Funeral Home of Dundalk, Inc.

(VRA 15, 4)

DHMH - 16 60M 7/B4



281040	1.	FOR STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. NO.	000
3 10/2		CEASED NAME OR PRINT) BL	ANCHE BA	LSTER	10-1-85	м_
ge 4 ms	3. SE	×	4. RACE	5. DATE OF BIRTH	74 YRS MO	UNDER I YEAR IF UNDER 24 HRS.
leath. Po merol dii nn 72 ha.		RTHPLACE (STATE OR FOREIGN COUNTRY)	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE	CITY - MD.
201 rs ofter of filed with		BALTO,	7619 BAGL	EY AVE. 21234	TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY
AND 212	136.	AL RESIDENCE (IF NURSING HOME O STATE 13b. COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 13c. CITY OR TOW	/N 13d. INSIDE CITY LIMITS? YES NO	130. STREET ADDRESS BAGLE	ZIZ34 EY AVE.
MARYL 1945		ATHER'S NAME FIRST GUY	MIDDLE SHENTON	15. MOTHER'S MAIDEN NA	ULA CANNO	
TIMORE TIMORE		VAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES GI	RMED FORCES? 16b. SOCIAL SECU VE WAR OR DATES) 212-07-	7540 Mm. 8 South	world - 678 Hoff	Slen Burnis and Hall 21061 Approximate interval Between onset and Death
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate is restricted has been signed by the attending physic of the certificate has been signed by the attending physic of the certificate has been signed by the attending physic of the certificate has been signed by the attending physic of the certificate has been signed by the attending physic of the certificate has been signed by the attending physic of the certificate has been signed by the attending physic of the certificate has a signed by the attending physic of the certificate has been signed by the attending physic of the certificate has been signed by the attending physic of the certificate has been signed by		PART I. DEATH WAS CAUSI IMMEDIA Conditions, if any, which gave rise to immediate cause (a), stoting the underlying cause last.	DUE TO, OR AS A CONSEQU (b) DUE TO, OR AS A CONSEQU (c)	SAYCOMA ENCE OF	NINAL DISEASE OR CONDITION GIVER	Ilmonths
ON OF VIT AL RECORDS, 37 IYSKCIAN: The low require ding physicion. Certificate been sign. buriol-transit permit. Then physical Hygiene prior to buy or them 18 shows any injury.	AL CERTIFICATION	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE	216. TIME OF INJURY HOUR A.M. MONTH D		200. AUTOPSY? YES NO TO YES RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	
DING PHYSK or attending or attending e as the buria	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE.	211 LOCATION	CITY OR TOWN	COUNTY STATE
OR ATTENDO e hospital or DIRECTOR: A ched for use Oppt. of Heal		saw the deceased alive above (11) we) (did) (did n	otto the body after death.	DEGREE ATTENDING PHYSICIAN	death accurred on the date and haur of MEDICAL STAFF DIRECTOR PHYSICIAN	that (N (we) last and from the causes stated
TO HOSPITAL of retained by the Should be detained with the Store E.		CHAVES	Padgett	5601 Loca	Raven Blud	, Baltimore
BP		BURIAL, CREMATION, REMOVAI SPECIFY TUBER OF THE STREET O		PARKWOOD CEM.	23d. LOCATION CITY OR TOWN BALTO MERCECID. BY REGISTRA 25b REGISTRA	COUNTY STATE
DHMH - 16 50M 4/82	1.6	NAME O NO	TEAD ADDRES	0. 101		AR S SIGNATURE

040188 68-1-01 BYA YOURNE PINT ROWNAD FOUL CANNER OF THE PARTY CUDY : Folking the war was a rest of the pike of a vicus IT A M. STURE - MO GOODWANT DE 2 01 JAMES Design & Maria 30 & Auto 12 hope of the treet had been all the

									ARYLAND				An	,
000	040	1-	FOR STATE						AND MEN			21	50	1
298	3018		REGISTRAR		WEL		EXAMIN	ER'S C	ERTIFICA	ATE OF D	EATH	REG. NO.		1000
			CEASED NAME	FIRST		WIDDLE			LAST		OF E	OWN N MON	TH DAY YEAR	P 2b HOUR
	FIES. FILES. HOURS STREET,			CLEASE		100			ank	7	DEATH MA	ATED 1	0/ 19/ 8	
	SEEEE	3 SEX	4.1	RACE	5 DATE OF BIRTH	YEAR	6 AGE (IN YEA	AY) MONTE		UNDER 24 HE	PRONOUNCE	MONT D	H DAY YEA	18:42
,	SZ S S S S S S S S S S S S S S S S S S			LACK	12-14-2		62 YF	RS.		12	DEAD		0/ 19/9 8	
	SEST NEW YORK		RTHPLACE (STATE	OR	76 CITIZEN OF WH	IAT COUN	ITRY?	8. MARRI	ED NEVEL	R MARRIED		_	INTY OF DEATH	
	FUNERAL DIRECTOR. FUNERAL DIRECTOR. FOR YOUR FILES. W. PRESTON STREET.		RTH CAR		USA			WIDOW		DIVORCED [more Ci		ME
	の世界日子	10 C	TY OR TOWN OF	DEATH	11. NAME OF HOS			, OR OTH	ER INSTITUTIO		USUAL OCCUPAT FOR MOST OF WORKING		OR INDU	BUSINESS
	3000		Baltimo		145 W.	Hambu	irg St.	(rea	ar)					NU H
	SCED NO.	13a S	TATE	13b COUN	OR OTHER INSTITUTION, GIV	13c CITY	ORTOWN	7	13d. INSIDE CITY	LIMITS? 13e 3	STREET ADDRESS	21	216	
	製造業の	MA	RYLAND			BA	LTIMO	RE	YES X	NO 🗆 18	301 W.	POPLAR	GROVE	ST.
128	1200	14 F/	ATHER'S NAME		MIDDLE		LAST_			S MAIDEN NA	ME	.E	LAST	
	を記る		IRVIN				ŃKS			DDIE			LADDEN	
W	# 0 B 0		VAS DECE ASED E		MED FORCES? WAR OR DATES}		IAL SECURIT		17. INFORMA			ADDRESS		
NA.	AS ATE					215	-61-18	834	PAULI	ETTE V	NOODLON	3434	RIPPLE	E RD.
10	N N N N N N N N N N N N N N N N N N N		18 CAUSE OF D	H WAS CALISE	ly one cause per line							4 70	APPROXIM BETWEEN ON	ATE INTERVAL
No.	A RENGER			IMMEDIA	TE CAUSE (a)				ic Card	liovasc	ular Dis	ease	E 251	
153	MORPE		Canditians	if any, which		AS A CON	ISEQUENCE (OF						
2	WANTE OF SERVICE OF SE		gave rise	ta immediate	(b)									
× 10	DESTANO.		lying cause I	ting the <u>under</u> - ast.	DUE TO, OR	AS A CON	ISEQUENCE (OF						
10	AND AND		2457 2 2 1457 21474		(c)									
RECORDS	SA POSTA	z			CONTRIBUTING TO DEATH I									
98	BUNESE STATE	1 8	Chroni		nolism , L				OMATOS:				20 AUTOPS	CV2
14 E	SHOULD VORD TH SE USED NT OF TH BURIAL	5			112.001.011	iore i ore	WHICH OF EK		AOTENI ONME				1 2 1 1	
5	200 2 2 2 2	CERTIFICATION	210 EXTERNAL C	AUSE WAS	21b. TIME OF	INJURY		71c HC	OW INJURY OF	CCURRED IEN	TER NATURE OF INJURY	IN ITEM 18 PART 1 OF	YES L	NO [X]
DIVISION OF	24.345 54.345		UNDERLYING CONTRIBUTING	OR		MONTH	DAY YEAR		,	CCORRED (FI		TO THE METERS OF THE PARTY OF	(10012)	
530	SHOULD SH	MEDICAL	21d. INJURY OCC		21e PLACE C	F INJURY	19 (AT HOME,	21f LO	CATION					
DIV	SEE SEE	¥.	WHILE AT WORK		STREET, FACT	ORY, FARM, E	TC.)	S	TREET		CITY OR TOWN		COUNTY	STATE
	PA WA		7-17							- T		7		
	第250年3	18			ge af the remains desc		WT.	Autap		Inspection K		, and in my	apinian	
	EXAMINE CERTIFIC LILD BE R DIRECTO WITH TH WARYLAN	18	death resulted t	ram: Natu	ral causes X	Accident	, Sui	icide 📖	, Hamicide	-	determined manne	er [],		
•	¥		ACTUAL		XC	D	0		TITLE (SPE			DA	TE 10/1	19/85
	SER SE		SIGNATURE		/			M	D. ASSIS	stallt_w	MEDICAL EXAMINI	ER SIG	NED	3/03
	S S S S S S S S S S S S S S S S S S S		EXAMINER'S NA		gory R. Ka	uffma	an, M.D).	ADDRESS	111 Pe	enn St.			
	TO MEDICAL E EXECUTE THE PAGE 4 SHOU TO FUNERAL AFTER DEATH BALTIMORE. M	23a.B	URIAL, CREMATIO						R CREMATORY	Y 123d	LOCATION			
07/B4	BP	1	BURIA		10-23-85	-			N CEM		CITY OR TOWN	,	MARYLAI	ND
25M	DHMH - 17	24 F	UNERAL DIRECTO				1100111	210	250	DATE REC'D	BAI.TI	MURE: 25b REGISTRAR		
	(VR A15 ME (5))	BR		MPSON	F.H. 19	13 W	. BAT.	ГІМО	RE ST	OCT 2	3 1995	Lilia Sains	ma Bando	02. "
		ALC: NO	O 11 2 . 1									-	A SHARE THE PARTY OF THE PARTY	



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH DECEASED NAME 2h HOUR FRANCES BARANAUSKAS 10/30/85 7 . 10Man 3 SEX IF UNDER I YEAR Femile Auoust 2. 1925 White BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE I STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED

CITY OR TOWN OF DEATH

DIVORCED [

Baltimore (ity 116 KIND OF BUSINESS OR

Michine Operator 1305 S. The pel Street 21231

Bultimore 13b COUNTY Md. 4 FATHER'S NAME

inskowski

hurch Hospital

osephine 17 INFORMANT

13d INSIDE CITY LIMITS?

15 MOTHER'S MAIDEN NAME

Licardo ADDRESS

160 WAS DECEASED EVER IN U.S. ARMED FORCES? 218-14-9978

Vincent Bananauskas 305 S. Chapel St.

18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and ic PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Conditions, if ony, which

gove rise to immediate couse (o), stoting the

underlying couse lost

190 DATE OF OPERATION

21d IN JURY OCCURRED

WHILE NOT WHILE

Baltimore

Valter

30 STATE

CERTIFICATION

MEDICAL

DUE TO, OR AS A CONSEQUENCE OF CIRRHOSTS

DUE TO, OR AS A CONSEQUENCE OF

AT HOME STREET, FACTORY, OFFICE FARM, ETC.)

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0

KK COLI SEPSIS

210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH LIFETHER NOTIFY MEDICAL EXAMINER

226 PHYSICIAN'S NAME (TYPE OR PRINT)

216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR

THE PLACE OF INTURY

19b CONDITION FOR WHICH OPERATION WAS PERFORMED

HEPATIC FAILURE

IN CERTIFYING CAUSES OF DEATH? NOT YES |

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2)

CITY OF TOWN

. 19 85 ond that in (my) our opinion death occurred on the date and hour and from the causes stated

20b. IF YES, WERE FINDINGS USED

COUNTY

10 - 31sow the deceased alive on 10-31 obove, (i) (we) (did (did not view the body ofter death. 22h SIGNALIN

DEGREE

23c. NAME OF CEMETERY OR CREMATORY

10-22

2H LOCATION

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

200 AUTOPSY?

22c. DATE/SIGNED

STALE

APPROXIMATE INTERVAL

PAUL GORMLEY M.D.

220.1 certify that (1) (this haspita) attended the deceased from_

CHURCH HOSPITAL CORP XXX 100 N BROADWAY BALTO, MD

85

230 BURIAL, CREMATION, REMOVAL Burial

Holy Cross Polish Nat.

23d LOCATION Bultimore

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT

24 FUNERAL DIRECTOR John M. Weber & Sons Inc. 4075 S. Chester St. BY REGISTRARIZSH REGISTRARIO SIGNATUR

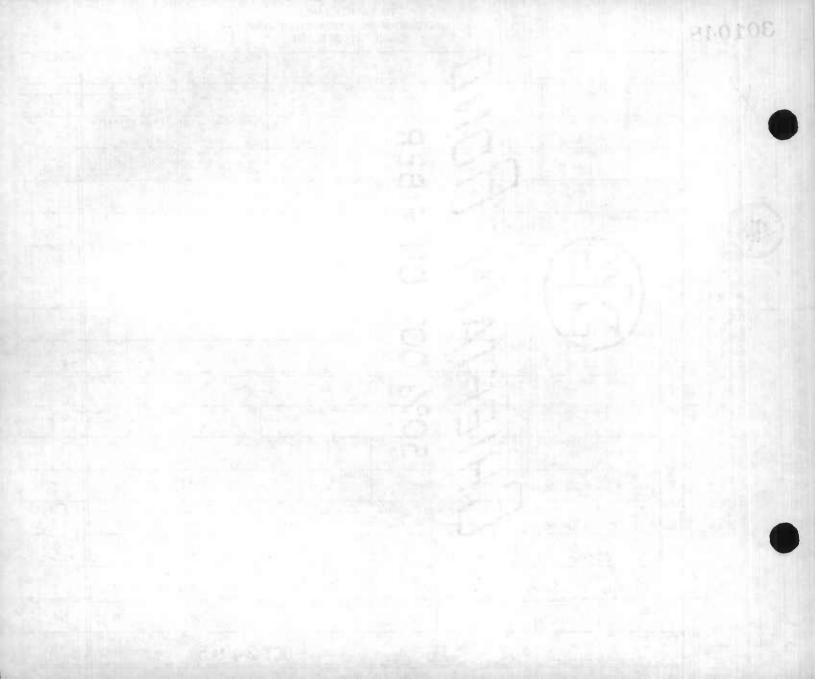
25 25 6 7 7 70 5 2 8 8 1 - 5 - 5 - 7 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1 1 - 1

CHE COUNTY TO VALUE OF THE STATE OF THE STAT

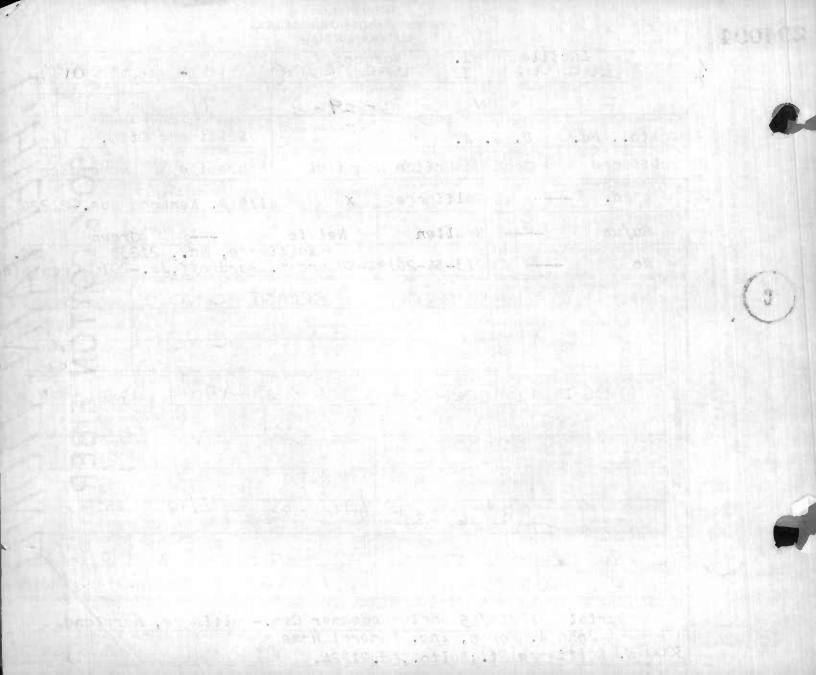
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	ATTENDING PHYSICIAN: The low requires that the death certificate to a furthermine about offer death. Page 4 may be made or ottending physicion.	RECIOR: After this centificate has been signed by the ottending plantanes. After this centificate has been signed by the ottending plantanes. After this centificate has been signed by the ottending plantanes. After this centificate has been signed by the ottending plantanes.
DIVISION	ATTENDING PHY	RECTOR. After this ed for use as the bu

3010)48	3	1 -	FOR STATE REGISTRAR		DEPARTA	MENT OF H	OF MARYLA EALTH AND N ICATE OF D	SENTAL HYG	IENE S	2 1	5 0	7
m c	/			EASED NAME FIRST	MIDDLE		L	AST	1110	20 DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
y be				Juliar		Bai	rbour				10 2		М
4 m		3	SEX		4 RACE		5. DATE C		YEAR	6. AGE (IN YEARS LAST BE		ONINS DAYS	HOURS MIN.
e de				Male	Black		12	16	99	85			
5.0 P.	90	70		THPLACE (STATE OR FOREIGN &	76 CITIZEN OF WHAT C	OUNTRY?	8 MARRIE	NEVER M	ARRIED -	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
deol funer	0		CIT	V a	U S A	AD IOCIN	WIDOWE		ORCED	Baltimore		Tan Kinin o	MD.
by the filed with	0	0		Baltimore	11. NAME OF HOSPITA (IF NOT IN SUCH FACILITY 507 Denis	on St	ADDRESS)	OR OTHER INST	IIUIION	Retired	OF WORKING LIFE	Beth	Steel
and in	R	9		Md.		Y OR TOW			NO 🗌	13e STREET ADDRESS 507 Denis		2122	9
apring !	-		FA	THER'S NAME	R. Ba	LAST		15. MOTHER'S	MAIDEN NA	WE _widdle		LAS	
自國人	KIX	2		Page		arbour		Cora		E.		Lew	is
Mond.	44/	10		AS DECEASED EVER IN U.S. A ES, NO OR UNKNOWN) (IF YES, O NO	IVE WAR OR DATES)	_07_8		17 INFORMAN	ian Bai		Denis		
militarie physical ongodin	event III			18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA	only one cause per line far SED BY: ATE CAUSE (a)	satic	Com	α					mate interval onset and death
death ce ottending ove carbi	fian, or r			Conditions, if any, which	DUE TO, OR AS A C	CONSEQUE		to live	4			7	750
hot the by the	al, cremo			gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS AC	ONSEQUE	/ /	ner				7	mo
equires on signed	to burial		NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBU	JTING TO E	EATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR COM	NDITION GIVE	N IN PART 110	
a e	oud (7	CERTIFICATION	90 DATE OF OPERATION	196. CONDITION FO	OR WHICH	OPERATIO	N WAS PERFOR	RMED	200 AUTOPSY?	206 IF YES, IN CERTIFY YES	WERE FINDING CAUSES	GS USED OF DEATH?
ICIAN: The log physicion.	tem 18 sho			2 to ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	CAIN	Y ONTH DA	Y YEAR	21c. HOW IN.	JURY OCCURE	RED (ENTER NATURE OF IN)	URY IN ITEM 18 PA	RT I OR PART 2)	
Offending offer this construction	rked or h		MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJU		ARM ETC)	211 LOCATIO	N	CITY OR T	OWN	COUNTY	STATE
TTENDIN pitol or TOR: Af- for use o	21 is mo			22a 1 certify that (1) (this has saw the deceased alive above (1) (we) (did wild	01	19_	85,01	9 and that in (m)	our) apinion	to 10/0	date and hour	g_FS_, and from the	that (1) (ve) lost causes stated
by the hos ERAL DIREC	ote Dept II. If Item			226 SIGNATURE Chillean	c waterfe	do	Mo		TTENDING	MEDICAL STA		224 DATE	SIGNED 22/85
TO HOSPITAL retained by the TO FUNERAL should be det	MPORTANT			William C W	ntesfield	mo		22e ADDRESS	S+ 4 Cafo	ingues Hosp	solt o	21229	
₽ ₽ ₽ € BP	3 ₹	2	3a B	JRIAL, CREMATION, REMOVA	10/25/85			Memori		23d LOCATION CITY OF TOWN Arbutus		COUNTY	Md
DHMH - 16 60 (VRA 15,		2	4 FU	NERAL DIRECTOR M. C. March F. H	l West	4300 l	75.12			T 2 4 1985	R 256 REGISTA	AR'S SIGNAT	URE

STATE OF MARYLAND



	1.	FOR	DEI	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL	HYGIENE 5 2	7610
28301	-	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
e	1. 01	CEASED NAME FIRST	MIDOLE	LAST .	20 DATE OF DEATH MONTH	1 3 85 7 45 AM
poge 3	3 SE	An	14 RACE	Sarditch S. DATE OF BIRTH OF		IF UNDER LYEAR IF UNDER 24 HRS
s offe	3 30	female	cavasian	MONTH DAY YEAR	V RE TYLE	MONTHS DAYS HOURS MIN.
2 Poor	7a. 8	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR CO	
8		POLAND	U.S.	WIDOWED DIVORCED	D B. City	MD.
The d		Baltimore	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIM Sinci H		12g. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK HOUSEWIFE	1726. KIND OF BUSINESS OR INDUSTRY AT HOME
o d	JUST	AL RESIDENCE (IF NURSING HOM	E OR OTHER INSTITUTION, GIVE RESIDENC	E BEFORE ADMISSION)		3911 EMMART A
B	130	MD 13h C	XXXXXX Bal	TOWN 13d. INSIDE CITY LIMIT	S? 13e.STREET ADDRESS / ZIP	
niner	14. F	ATHER'S NAME	MIDDLE LA	15. MOTHER'S MAIDEN		tast
35		AARON	ROSE	MARIN FIRST ES'	THER	UNKNOWN St
dicol		WAS DECEASED EVER IN U.S.	GIVE WAR OR DATES)	L SECURITY NO. 17 INFORMANT	MRS. SHIRLADORESBA	
me.		NO	220-	48-0790 4007 ROS	ECREST AVE. B	ALTO., MD 21215
f, the		18 CAUSE OF DEATH (Ente	r only one couse per line for (a), USED BY:	(b), and (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
9			DIATE CAUSE (0) COURS	liac arrest		immediate
oric			DUE TO, OR AS A CON	SEQUENCE OF		
no out		Conditions, if ony, which		sive cerebro-vas	ocular accide	nh 16 days
her fr		gove rise to immediate couse (a), stating the		SEQUENCE OF		
or oth		underlying couse lost	((c)			
jury, c	Z	PART 2. OTHER SIGNIFICAN	NT CONDITIONS CONTRIBUTION	G TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITIO	N GIVEN IN PART 110
- A	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR V	WHICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b.	IF YES, WERE FINDINGS USED
18 shows or	7 8				YES NOW	CERTIFYING CAUSES OF DEATH? YES \(\bigcap \text{NO} \(\bigcap \)
8 sho		21g. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW INJURY OC	CURRED (ENTER NATURE OF INJURY IN IT	
Tem I	4	OR CONTRIBUTING CAUSE OF				
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAM	21e. PLACE OF INJURY	211. LOCATION		
	ME	WHILE NOT WHILE	(AT HOME STREET, FACTORY		CITY OR TOWN	COUNTY STATE
E O			ospital) ottended the deceased	from 9/18 10 1	65 10 10/3	19 85 , that (1) (we) lost
2			on 10/3/85 d not) view the body ofter death.	, 1/	nion death accurred on the date on	
E		obove, (I) (we) (did	not) view the body ofter death.	DEGREE		22c. DATE SIGNED
±		M. SIGNATURE!	1/1/1	MIN ATTENDIN	NG _ MEDICAL _ STAFF	1 1-1-1-1
ž-	-	22d. PHYSICIAN'S NAME (IT	211700	PHYSICIA 22e ADDRESS	N DIRECTOR PHYSICIAN	× 10/3/85
Y Y	/					
APOKI ANI	1		d P. Allan		lospital	
	. 23a.	BURIAL, CREMATION, REMOTE SPECIFY BURIAL	OCT.4,1985	23 CHIZUK AMUNO CREMATI	INGTON) CITY OR TOWN	RE MARY LAND
-						
/83	24		LEVINSON & BR	OS., INC.	DATE REC'D. BY REGISTRAR 250 R	EGISMAK S SIGN AVERE
		6010 REISTERS	STOWN RD. BALT	O. MD 21215	OCT 8 1985	



23¢ NAME OF CEMETERY OR CREMATORY

Arbutus Memorial Park

DHMH - 16 50M 4/83 (VRA 15, 4)

William c. March F/H Inc West 4300 Wabash Ave

23b. DATE

10/21/85

230. BURIAL, CREMATION, REMOVAL

Burial

24 FUNERAL DIRECTOR

OCT 21 1985

23d LOCATION

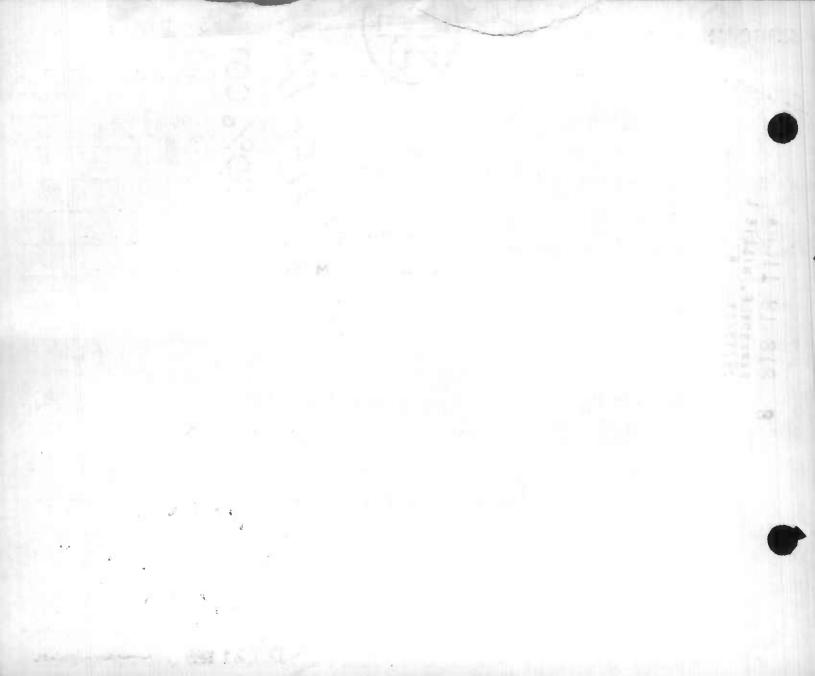
Arbutus

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

- willed - Adoption

STATE

COUNTY



		STATE OF MARYLAND
290039	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENS 2 / 0 1 3
	I. DECEASED NAME {TYPE OR PRINT}	
ay be age 3 death	Par	
oge 4 mc rector p	3. SEX Male	1 RACE S. DATE OF BIRTH MONTH DAY YEAR 10 11 12 13 14 15 15 15 15 16 17 18 16 18 18 18 18 18 18 18 18
John Paris Policy Programmer Paris Progr	TO BIRTHPLACE ISTATE OF FOREIGN	WIDOWED DIVORCED Balto. MD.
Softer of the fulled with	Baltimore	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION HOLD 120 USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) AND LIFE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY AND LIFE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
4 hour led in ild be	130. STATE 136 &	OUNTY 13t. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE
thin 2 should should be sh	Maryland 14. FATHER'S NAME	Baltimore YES NO
3 0C	Robert	Davis Brisi Coryga (145) Barrow
execution co and co and co	160 WAS DECEASED EVER IN U.S	
Po o	NA	NA Billie Barrow 2224 Callow Ave. 212
physic on pape emaval,	PART I. DEATH WAS CA	er only one couse per line for 101, (b), and Ic. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Smin
ending carb		Due to, or as a consequence of
by the atti	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last	DUE TO OR AS A CONSEQUENCE OF A D
requires the signed. Then pled injury, or	PART 2 OTHER SIGNIFICA	
The law ion.	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? YES NO
SICIAN: ng physic certificat ricol-from ental Hyg frem 18 s	OR COMPRESSION CANEER	HOUR A.M. MONTH DAY YEAR MINER] P.M. 19
offendis frer this os the bu	OR CONTRIBUTING CAUSE OF CAUSE	216 PLACE OF INJURY INTOME STREET, FACTORY OFFICE, FARM, ETC.) 216 LOCATION STREET CITY OF TOWN COUNTY STATE
Spiral or Spiral or CTOR Air for use of Health	saw the deceased alive	nospital) attended the deceased from
by the hose ERAL DIREI ERAL DIREI State Dept.	226. SIG Plew	DEGREE MO ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN X 16-12-85
TO HOSPITAL retoined by the Should be det with the State IMPORTANT	22d PHYSICIAN'S NAME (1	Seidler 220. ADDRESS univ. of Md Hospital, Baltmore, Md
	230 BURIAL, CREMATION, REMO	CITY OR TOWN COUNTY STATE
BP	BURIAL 24 FUNERAL DIRECTOR	10-16-85 Cedar Hill Anne Arundal Maryland
DHMH - 16 60M 7/84 (VRA 15, 4)		E/H Co. 1101 E. North Ave. OCT 15 1005 Salia Saindar Tander



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALLIMORE	O HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be record of the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician artificial in the funeral director, page should be detached for use as the buriol-transit permit. Then please remove corbonoppers. Page and Estimate the first within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.	MPORTANT: If them 21 is marked or Item 18 shows ony injury, or other troumotic event, the medical communities of or or or or.
DIVISION OF VITAL RECORDS,	O HOSPITAL OR ATTENDING PHYSICIAN The low require etoined by the hospital or ottending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physici should be detached for use as the buriol-transit permit. Then please remove corbonipoper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If them 21 is marked or Item 18 shows ony injury

295021

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

R	EG. N	10.			
E OF DE	ATH	MONTH	OAY	YEAR	26 HOUR
OBER	14	, 19	85	N ISS	10:52pm
			7		

REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.					
1. DECEASED NAME FIRST	MIOOLE		AST	20 DATE OF DEATH MONT	TH OAY YEAR	26 HOUR			
(TYPE OR PRINT) EDDIE	L.	BATTS	WEETS THE	OCTOBER 14,	1985	10:52pm			
3 SEX 4	RACE	DATE C	OF BIRTH	AGE (IN YEARS LAST BIRTHDAY	F UNDER 1 YEAR	IF UNDER 24 HRS			
Male	Black	Decei	mber 27, 1927	55	YRS DAYS	HOURS MIN.			
70 BIRTHPLACE STATE OR FOREIGN 71	CITIZEN OF WHAT COU	VTRY? 8	NEVER MARRIED	9 BALTIMORE CITY OR CO	OUNTY OF DEATH	V.			
North Carolina	U.S.A.	WIDOWE		BALTIMORE C	TTY	MD.			
10 CITY OR TOWN OF DEATH	I. NAME OF HOSPITAL, N		OR OTHER INSTITUTION	120 USUAL OCCUPATION		OF BUSINESS OR			
	MARYLAND GEN.	ERAL HOS	PITAL	Long Shorem		ping			
USUAL RESIDENCE (IF NURSING HOME OR O 130 STATE Maryland Balt	Y 13c. CITY OI		13d INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS / ZIP	code gton Avenu	e, 21207			
14 FATHER'S NAME FIRST Eddie L. Batts	DDLE LA	ST	15 MOTHER'S MAIDEN NAM Minnie Jones	AE MIDDLE	Į.A.				
160 WAS DECEASED EVER IN U.S. ARM	ED FORCES? 166 SOCIAL	L SECURITY NO.	17 INFORMANT	ADDRESS					
NO NOR UNKNOWN) (IF YES GIVE Y	238-	40-8758	Ethel Gordon	n, 5508 Stonia	ngton Ave,	21207			
18 CAUSE OF DEATH (Enter only	one cause per line for (a),	(b), ond (c				ONSET AND DEATH			
PART I DEATH WAS CAUSED	PARTI DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Acute Respiratory Failure								
MMEDIATE									
Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which (b) Metastatic Carcinoma of the Lung								
gave rise to immediate	gave rise to immediate								
underlying couse last.	cause (o), stating the underlying couse last. DUE TO, OR AS A CONSEQUENCE OF								
PART 2 OTHER SIGNIFICANT CO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE OF CONDITION OF BART 1								
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11:0								
190 DATE OF OPERATION 216. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR V	VHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED					
SE S				YES NOW YES NO NO					
21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		121c HOW INJURY OCCURR	YES NO Y		140			
	HOUR A.M. MONT			TENTER MANDRE OF MISON WITH	, , , , , , , , , , , , , , , , , , , ,				
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M.	19	ZII LOCATION						
WHILE NOT WHILE	(AT HOME STREET FACTORY,	OFFICE, FARM, ETC)	STREET	CITY OR TOWN	COUNTY	STATE			
AT WORK AT WORK	AT WORK AT WORK								
220.1 certify that xt) (this hospita	220.1 certify that xt (this hospital) ottended the deceased from October 11, 19 85 to October 14,19								
above, (IXwe) (did) (dix XXX	saw the deceased olive an October 14, 19, 85, and that in (My) (our) apinion death occurred on the date and hour ar above, (1xwe) (did) (dm xxx view the body after death.								
226. SIGNATURE	ATTENDING MEDICAL STAFF					SIGNED			
27d. PHYSICIAN'S NAME TTYPE OR	PHYSICIAN DIRECTOR PHYSICIAN								
WILLIAI		MD	3-34						
				nd General Hos	spital				
230. BURIAL, CREMATION, REMOVAL	23b. DATE		EMETERY OR CREMATORY	23d, LOCATION CITY OR TOWN	COUNTY	STATE			
Burial	10/19/85	Loudon	Park Cemetery	Baltimore	City, Mary	land			

DHMH - 16 60M 7/B4 (VRA 15, 4)

THE JAMES N. KOTSIS F.H., 6411 Windsor Mill Rd

REGISTRAR'S SIGNATURE,

10000 December 27, 1927 Mortin Ouged four | B.S.A. ration is mitrio 8 mon Star Stonianton Avenue, 21207 2736 ... all 14 minus comes 235-40-6758 Ethel Horson, 15-8 Stonington ave. 22208 15/19/85 Louden Park Cenetery taltimore City, Intellad BR ILL TOWNS ILD SERRE EL. EM

BP.

DHMH - 16 60M 7/B4

(VRA 15, 4)

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEND

CERTIFICATE OF DEATH

3 SEX MALE WHITE OCT. 19, 1901 83 YRS WARRIED NEVER MARRIED PART OF BIRTH OF BIRTH MONTH DAY MONTHS DAYS HOUR PARTIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH	30 A
JOHN JEROME BAUER OCTOBER 01, 1985 10: 3 SEX MALE WHITE OCT. 19, 1901 83 YRS 76. BIRTHPLACE (STATE OR FOREIGN COUNTRY?) MARRIED NEVER MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH	DER 24 HRS
MALE WHITE OCT. 19, 1901 83 76. BIRTHPLACE (STATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? AMARRIED ONE NEVER MARRIED OF BALTIMORE CITY OR COUNTY OF DEATH OF THE COUNTRY? AMARRIED ONE OF THE COUNTRY?	
MALE WHITE OCT. 19, 1901 83 76. BIRTHPLACE (STATE OR POREIGN COUNTRY) 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH	MIN.
COUNTRY) MARRIED NEVER MARRIED	
MADVI AND U C A	
MARYLAND U.S.A. WIDOWED DIVORCED □ BALTIMORE CITY	MD.
10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 12b. KIND OF BUS	INESS OR
BALTIMORE 611 SO. BENTALOU STREET GROCERY MGR. (RET) FOOD FA	IR
USUAL RESIDENCE HE NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 131. COLLY OR TOWN 131. INSIDE CITY LIMITS? 132. STREET ADDRESS / ZIP CODE	
MARYLAND ////// BALTIMORE YES X NO G 611 SO. BENTALOU STREET 2	1223
14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME	
FRSS MIDDLE LAST FIRSS MIDDLE LAST FRANCIS BAUER GOODYKUNDA (UNKNOW)	N)
166 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT DATIGHTER ADDRESS 207 MADIF AVI	
YES UNKNOWN 219.01.2938 MRS. JESSIE A. KATZSCO GLEN BURNIE,	
18 CAUSE OF DEATH (Enter only one couse pt) (ne for (a), (b), and (c))	
PART I. DEATH WAS CAUSED BY.	THE DEATH
IMMEDIATE CAUSE (0)	
DUE TO, OR AS A CONSEQUENCE OF LUNG	
Conditions, if any, which (b)	
gove rise to immediate couse (a), stating the DUETO, OR AS A CONSEQUENCE OF	
underlying couse lost	
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:00	
196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206. IF YES, WERE FINDINGS U IN CERTIFYING CAUSES OF DI YES NO YES	
IN CERTIFYING CAUSES OF DI YES NO YES NO	EATH?
210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN 11EM 18, PART 1 OR PART 2)	<u>'</u> []
an contribution of the state of	
OF CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 211 LOCATION STREET CITY OR TOWN COUNTY	
STREET CUTY OF TOWN COUNTY	STATE
Maria Washington And Character St.	-
That centify that ((this hospital offerded the declared from CTOPSERM 198 to ATOPSERM 198), that ((we) ast
ond that in (my (our) opinion death accurred on the date and hour and from the causes in the course of the course	Mored
DEGREE 220 DATE SIGN	D
ATTENDING MEDICAL STAFF	8)
PHYSICIAN DIRECTOR PHYSICIAN VI	
PHYSICIAN DIRECTOR PHYSICIAN 222 ADDRESS	
	229
DIANA HORATON AVE. BALT. 210	229
230 BURIAL, CREMATION, REMOVAL COUNTY 230 NAME OF CEMETERY OR CREMATORY 230 LOCATION CITY OR TOWN COUNTY	55G STATE
230 BURIAL, CREMATION, REMOVAL COUNTY 230 NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN COUNTY	

DHMH - 16 60M 7/84

(VRA 15, 4)

6010 REISTERSROWN RD.

308051

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Э	REGISTRAR		CERTIFICATE OF DEATH						
4		NETH	D	BAU	M M	20 DATE OF DEATH OCTOBER 2		Y YEAR	2b. HOUR 11:10pm
	MALE	4 RACE WHI		JUNE	E 24, DAY 1918 AR	6 AGE (IN YEARS LAST E		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN
L	MARYLAND	ON 76 CITIZEN OF USA	WHAT COUNTRY?	MARRIE WIDOWE	NEVER MARRIED DIVORCED	9 BALTIMORE CITY BALTIMOR		F DEATH	MD.
	BALTIMORE		HOSPITAL, NURSING HNSTY HOPKI		OR OTHER INSTITUTION OSPITAL	120 USUAL OCCUPA	TION TO WORKING LIFE)	PRETA	F BUSINESS OR
DSO	MARYLAND	HOME OR OTHER INSTITUTION COUNTY	BALT MORE		JES NO	130.STREET & OFFESS	ŔŎĠĔŖŚ	AVE. #	‡ 21 209
CHAI	14 FATHER'S NAME D'AVID	WIDDLE	BAUM LAST		15. MOTHER'S MAIDEN NA/ HEL'EN	ME	LEW	IIN LAS	τ
MR. R.		U.S. ARMED FORCES? FYES, GIVE WAR OR DATES) WWII-ARMY	16b SOCIAL SECUR 213-28-2			RS. GILDA ^{DA} DGERS AVE.		O., MI	D 21209
KORELL PER	Conditions, if ony, who gave rise to immedicause to stating underlying couse I	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying couse lost DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stating the underlying couse lost Conditions Conditions						48 Sev.	
MAL DR.		IPB. COND	ITION FOR WHICH C	PERATIO	21¢ HOW INJURY OCCUR	200 AUTOPSY? YES NO	20b. IF YES, IN CERTIFY!	WERE FINDIN NG CAUSES	NGS USED
ON APPROVAL	OR CONTRIBUTING CAUS (IF EITHER NOTIFY MEDICAL E 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME STI	OF INJURY REEL FACTORY OFFICE, FAI	195	JHH W	CITY OR	ettener	COUNTY	d eizes
LEASED		220.1 certify that (1) (this haspitol) attended the deceased from saw the deceased alive an 10 224 19 8 3 above. (1) (we) (did) (did not) view the body ofter deoth. 22b. SIGNATURE			nd that in (my) (aur) apinion of DEGREE ATTENDING PHYSICIAN	INCERN MEDICAL ST	AFF	22c. DATE	SIGNED
RE	228 PHYSICIAN'S NAME	i HORGI	No.		220 ADDRESS CO JHH W	solfe It.	Butte	nere	M
	230 BURIAL, CREMATION, REA	OCT.2	7,1985 BA	LTIM	ORE HEBREW	BALTIM			RYLAND
	24 FUNERAL DIRECTOR SO		ADDRESS		21 21 5	CT 3 1 198			URE

21215

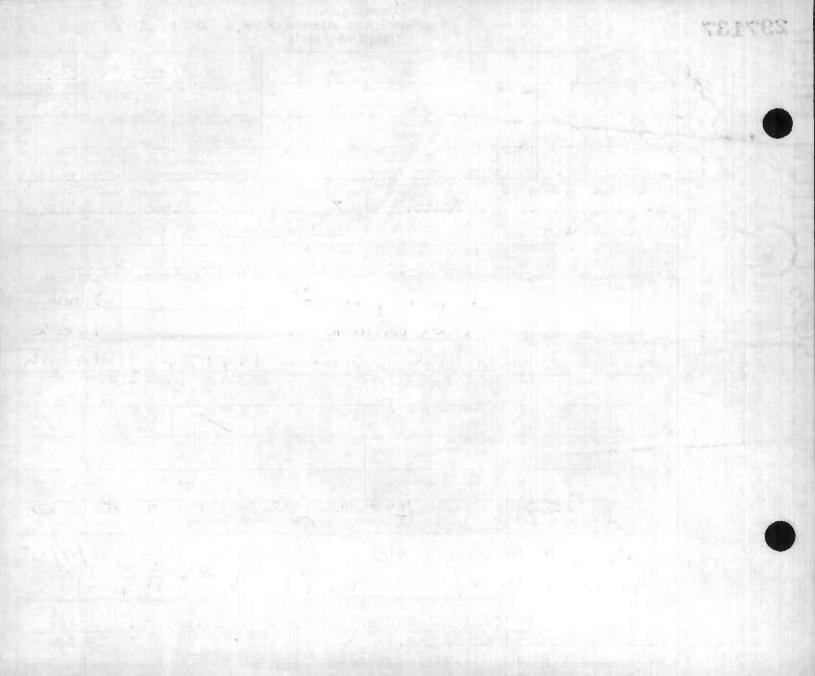
BALTO. .

2910	774	1-	FOR STATE REGISTRAR	DEPAI	STATE OF MARYLAND RTMENT OF HEALTH AND MEN CERTIFICATE OF DEA	TAL HYGIENE	REG. NO.	7011
	ofter death		CEASED NAME OR PRINT)	MIDDLE MI	Beard 5. Date of Birth Month Day	YEAR		DAY YEAR 26 HOUR 13 85 12 7 IF UNDER 14 FUNDER 24 MRS MONTHS DAYS HOURS MIN.
nin 24 haurs offer death. Page	control of the little with 172 hours of	D C	TY OR TOWN OF DEATH AL RESIDENCE (IFFINITISING HOME OF	(IF NOT IN SUCH FACILITY, GIVE STA	MARRIED L NEVER MAR WIDOWED DIVOR SING HOME OR OTHER INSTITU HER ADDRESS) A A A A FORE ADMISSION DIVIDING ITS IN SIDE CITY	CED 120 USUAL (TYPE OF WO) LIMITS 13e.STREET	YRS PRECITY OR COUNTY TO, OCCUPATION IKK FOR MOST OF WORKING LI OR FR APDRESS ZIP COO	MD.
Ond complete	Pogest ond 2	16g. V) / VER VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SE	d SR. SAdi	ed Be	ADDRESS	MAdden 05 Albion A
low requires that the death certifical solutions is been signed by the attending physic	nt. Then please remove carbo ior to burial, cremation, or re juinjury, ar other traumatic e	HCATION	PART I. DEATH WAS CAUSE IMMEDIA? Conditions, if ony, which gove rise to immediate cause (a), stoting the underlying cause lost.	DUE TO, OR AS A CONSECTION DUE TO, OR AS A CONSECTION DUE TO, OR AS A CONSECTION CONDITIONS CONTRIBUTING TO CONDITIONS CONDITION FOR WHI	DUENCE OF DUENCE OF DUENCE OF DUENCE OF DEATH BUT NOT RELATED TO THE WE DEATH CH OPERATION WAS PERFORME	dycardia	OPSY? 20b. IF YE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
TENDING P itol or offer OR After to	se as the burial-transit talth and Mental Hygie marked or Item 18 s	MEDICAL CEPTIFIC	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEP (IF EITHER NOTIFY MEDICAL EXAMINE) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 27a.1 certify that (1) (this hasp) saw the deceased alive on above. (1) (we) (did) (did no 27b. SIGNATURE	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFI	DAY YEAR 19 211 LOCATION STREET m	, , , ,	ATURE OF INJURY IN ITEM 18 CITY OR TOWN and an the date and have	COUNTY STATE 19 3 , that (I) (we) lost our and from the causes stated 22c. DATE SIGNED
BP	% S + 4 + 15 + 4 + 6 6 60M 7/84		SURIAL, CREMATION, REMOVAL SPECIFY) JUNGRAL DIRECTOR			151 10	ATION ORTOWN ON REGISTRAR 25b. REGIS	COUNTY STATE -

STATE OF MARYLAND

370108 magicalory fichers 14.T.PI and a miningene Station of the same Alamberry and 14/4/4 Alon Kingarel . ees a left Sorreg la 212 10

297137	FOR STATE REGISTRAR	DEPARTMENT	TATE OF MARYLAND OF HEALTH AND MENTAL HYC RTIFICATE OF DEATH	GIENE 8 5	27519
noy be	1. DECEASED NAME FIRST (TYPE OR PRINT) CHARLES	H D BECI	(NER	OCTOBER 19, 19	
ctor. po	Male 4		ATE OF BIRTH AONTH DAY YEAR 2/20/17	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
the Pog		CITIZEN OF WHAT COUNTRY? 8	RRIED NEVER MARRIED OWED DIVORCED	BALTIMORE CITY OR COL	JNTY OF DEATH
s ofter de	10 CITY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING HO (IF NOT IN SUCH BACILITY, GIVE STREET ADDRES HE JOTTIS HOPKINS	ME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Supervisor	12b. KIND OF BUSINESS OR
in 24 hour ly filled in should be	USUAL RESIDENCE (IF NURSING HOME OR OI 130 STATE 136 COUNTY	HER IN, TITLE ON GIVE RESIDENCE BEFORE ADMIS	13d INSIDE CITY LIMITS? YES NO 1	13e.STREET ADDRESS / ZIP (CODE Services
	Oliver Beckner	DDLE LAST	Louise Co	oburn MIDDLE	tast.
s. Poges (16g. WAS DECEASED EVER IN U.S. ARME (YES, NO OR UNKNOWN) (18 YES, GIVE V Yes WW			ADDRESS Beckner, sam	e address
g physici conpoper removal	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE		arrest		approximate interval Between onset and death a minute
death ce	Conditions, if any, which gove rise to immediate	DUE TO, OR AS A CONSEQUENCE			Iweak
that the day the ease remote of cremo	couse 101, stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE (c) Anaplustic a	denocarcinana	of the liver	1 month
requires en signec Then pl		nditions <u>contributing to death</u>	BUT NOT RELATED TO THE TERA	MINAL DISEASE OR CONDITION	N GIVEN IN PART 110
The low rection. The low rection. It has been been been been prior green prior shows ony	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPER	ATION WAS PERFORMED	YES NO	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO
CIAN B physical physi	On CONTROLLUNG CHICK OF OF THE	P.M.	EAR 19	RED (ENTER NATURE OF INJURY IN ITE	m 18 PART I ORPART 2)
offending free this of so the bur h and Me	OR COMINIBUTING CAUSE OF DEATH IF EITHER NOTIFY MEDICAL EXAMINER] 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	216. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ET	211 LOCATION STREET	CITY OF TOWN	COUNTY STATE
ATTENDIP spital or CTOR: Al for use of Health	220 I certify that (1) (his hospital saw the deceased alive on above, (1) (see) and idid not	xtober 19 19 85	, and that in (my) prinion	death occurred on the date and	d hour and from the couses stated
by the hos by the hos ERAL DIREC e detoched Stote Dept.	Dusan M.	Melley M		MEDICAL STAFF DIRECTOR PHYSICIAN	
TO HOSPITAL retoined by th TO FUNERAL with the Storle MAPORTANT: 1	Susan M.	Melter	The John	is Hopkins t	MORE, MARYLAND
BP	Burial	10/22/85 Gar	of CEMETERY OR CREMATORY dens of Faitl		Md.
DHMH - 16 60M 7/84 (VRA 15, 4)	"Schimunek Fune	ral Home, Inc. ad, Balto, Md.		TE REC'D. BY REGISTRAR 256 RE	GISTRAR'S SIGNATURE DE



- STATE

REGISTRAR

304055

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 20. DATE OF DEATH 2b HOUR BELL 5 DATE OF BIRTH A AGE CIN YEARS LAST BIRTHDAYL IF UNDER LYFAR IF UNDER 21 HRS YEAR 03 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED WEVER MARRIED City DIVORCED [126 KIND OF BUSINESS OR HOME HOUSEWIFE 13e STRFFT ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? YES THE NO T 4019 BARRINGTON ROAD, 21207 15. MOTHER'S MAIDEN NAME LAST MIDDLE MATTHEWS LAURA ODEN 166 SOCIAL SECURITY NO 17 INFORMANT s.w., Vîrdînia 22075 212-09-1610 HOWARD M. WILSON, 510 VALLEY VIEW AVENUE APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH FAILURE ENAL DUE TO, OR AS A CONSEQUENCE OF SEPSIS DUE TO, OR AS A CONSEQUENCE OF PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 JSED EATH? 211 LOCATION COUNTY CITY OR TOWN STREET AT HOME STREET, FACTORY, OFFICE FARM ETC 1

N	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED			20b. IF YES, WERE FINDINGS UIN CERTIFYING CAUSES OF D		
			YES .	NON	YES 🗌	NO	
YING SE OF DEATH		216 HOW INJURY OCCURRED) (ENTER NA	TURE OF INJUR	Y IN ITEM 18 PART I OR PART	2)	

21e PLACE OF INJURY

22a 1 certify that (1) (this hospital) attended the deceased from, and that in (my) (aur) apinian death accurred on the date and hour and from the causes stated

abave, (1) (we) (did) (did nat) view the body after, death DEGREE

22e ADDRESS

MEDICAL STAFF
DIRECTOR PHYSICIAN PHYSICIAN

LYTHER AN HOSP, THE

BURIAL

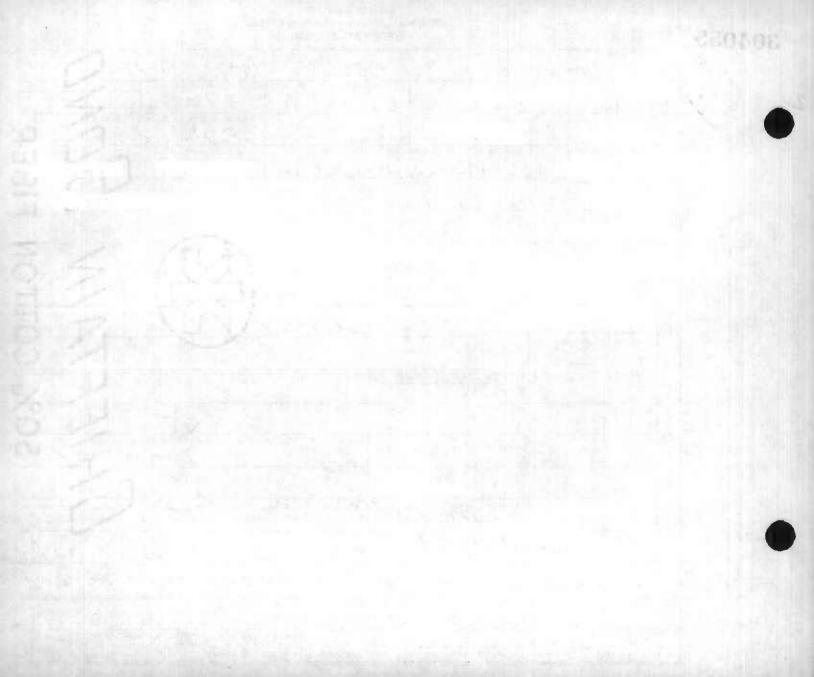
DHMH - 16 60M 7/84 (VRA 15, 4)

10-30-1985

SAINT REST CEMETERY

ANNE ARUNDEL COUNTY

NUTTER & SONS FUNERAL HOME, INC. 2501 GWYNNS FALLS PARKWAY, BALTO. MD 250. DATE REC D. BY REGISTRAR 256 REGISTRAR'S SIGNATURED



28713	18		FOR STATE REGISTRAR	SUPPLY OF		CERTIF	OF MARYLAND EALTH AND MENTAL HYG CATE OF DEATH	REG. N	2 7	5	2
KALTI	,0		CEASED NAME FIRST	16011	MIDDLE		AST .		MONTH DAY		2b HOUR
2 20/				MON		BELI			8 80 0		12:31
-: /		3 SE		4 RACE		5. DATE O	F BIRTH DAY YEAR	6. AGE (IN YEARS LAST BIR		UNDER I YEAR	HOURS MIN
Prox/	-	MA		WHITE		DEC	. 18,1914	70	YRS		
100	(11)		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIED	NEVER MARRIED X	9 BALTIMORE CITY O	R COUNTY O	FDEATH	
6 13	7.59		GENTINA	USA		WIDOWE	DIVORCED [BALTIMORE			MD
to other	40	BA	TY OR TOWN OF DEATH	ST. A	HOSPITAL, NURSIN CH FACILITY, GIVE STREET, GNES HOSP	ADDRESS)	R OTHER INSTITUTION	120 USUAL OCCUPATI (TYPE OF WORK FOR MOST O HORSE TRA	F WORKING LIFE)	126 KIND O INDUSTRY RACIN	F BUSINESS OR
174 hours	影	130 S MA			136. CITY OR TOW ELKRIDGE	N	YES NO X	13e STREET ADDRESS A	ZIP CODE INGTON	BLVD.	21227
The same	130	UN	THER'S NAME FIRST KNOWN	MIDDLE	LAST		15. MOTHER'S MAIDEN NA/ UNKNOWN	WIDDLE		LAS	J
	12		/AS DECEASED EVER IN U.S. ES NO OR UNKNOWN) (IF YES	ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SECU	RITY NO.	HOSPITAL REC	ORDS	.SS		
al contract	2		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU							BETWEEN	MATE INTERVAL ONSET AND DEATH
g ph	1		IMMED	IATE CAUSE (a)	ETASTATI	c Sau	AMOUS CARCING	MA OF LUI	NG		
4 600	patic			DUE TO, C	R AS A CONSEQUE	NCE OF					
9 119	100		Conditions, if any, which gave rise to immediate	(b)							
6 691	Date		cause (a), stating the underlying cause last	DUE TO, C	OR AS A CONSEQUE	NCE OF					
od b	ő		DART 2 OTHER SIGNIFICANI	(s)	ONTRIBUTING TO F	NE ATU DUT	NOT DELATED TO THE YEAR	NI. 1 5105 105 00 10			
100	Auri	z	PART 2 OTHER SIGNIFICAN	I CONDITIONS C	ON KIBUTING TO L	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 10	a
1 12	D	ATIC	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V	WERE FINDIN	NGS USED
21 181	4	TIFIC						YES NO	IN CERTIFY!	NG CAUSES	OF DEATH?
7 6 5 5 5	100	CER	210 ACCIDENT WAS UNDERLYING			U UPAR	21c HOW INJURY OCCURR				
20 191	101	AL	OR CONTRIBUTING CAUSE OF	DEATH	.M. MONTH DA	19					
officer the series	rkeitor	MEDIC	216 INJURY OCCURRED WHILE NOT WHILE TAT WORK	21e PLACE	OF INJURY	ARM ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
TENDIN pitol or TOR Aff	21 is ma		22a.1 certify that (1) (this ha saw the deceased alive	an 10/	19 6	10/	d that in (my) (our) opinion of	to 10/8/	ote and haur a		that (I) (we) last
REC hed f	E		obove, (I) (we) (did) (did 22b. SIGNATURE	not view the body	offer death.		DEGREE			22¢ DATE	SIGNED
AL O the D defoc	Ē		Steven). Jo	Inhe-		M		MEDICAL STAF	F IAN X	10/8	2/85
FUNE FUNE FUNE FUNE FUNE FUNE FUNE FUNE	1 AT		224 PHYSICIADES NAME (TYP				22e ADDRESS			,	
H O H	9		STEVEN J. (ST AGNES HOS		TON AU	E. BAL	TO.MD
	3 17		URIAL, CREMATION, REMOV.	23b DATE			METERY OR CREMATORY	23d LOCATION FIND TOCK	· · · · · · · · · · · · · · · · · · ·	OUNTY	DIVI MA
QD.		KII	KIAI	1 (11/11)	1/X5 6/6-	AUTHU	I DIAM I MAM I MUV	1 P K	HIIIIA	211 BAA	L V I V V III

1328 SULPHUR SPRING ROAD 21227

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

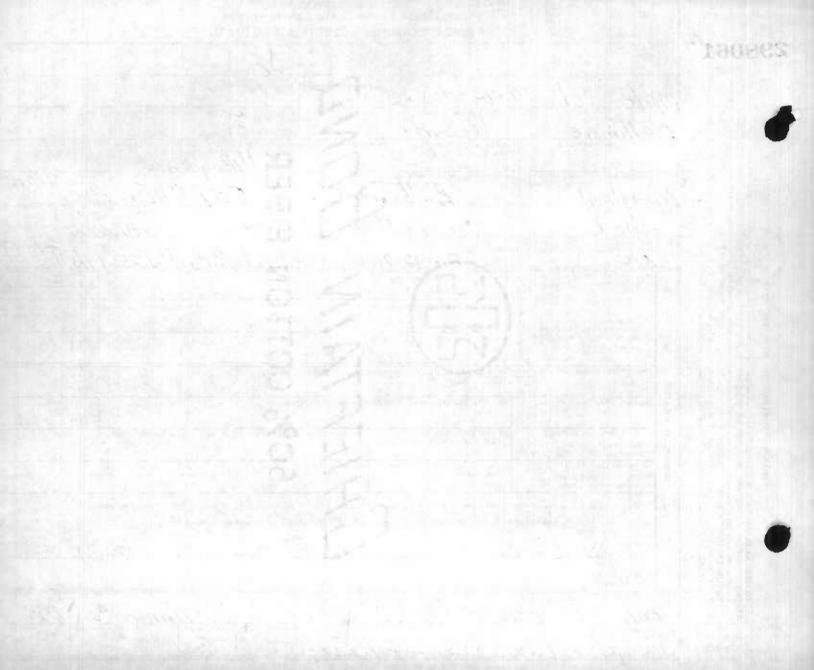
OCT 9 1985

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR
AMBROSE, INC.

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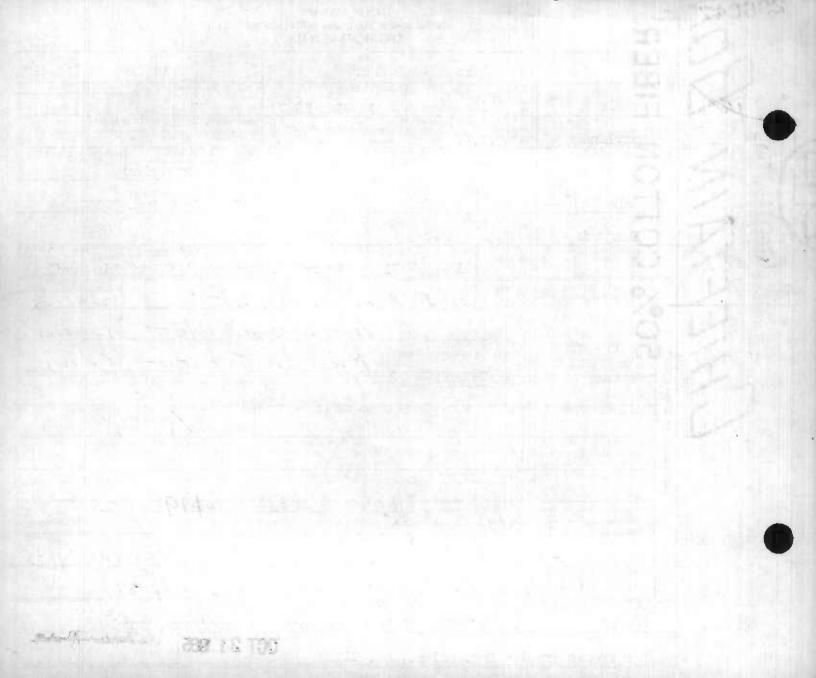
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE OF DEATH REGISTRAR REG. NO DECEASED NAME 26. DATE KNOWNX 26. HOUR LITYPE OR PRINTI OF ESTI **JACK** BENNETT DEATH MATED 10 21 19 85 AGE (IN YEARS 4 RACE 5. DATE OF BIRTH IF UNDER 24 HRS DATE 2d HOUR LAST BIRTHDAY) PRONOUNCED 4-17 DEAD 1985 10 WHAT COUNTR 76. CITIZEN O * BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED Baltimore City 40 PAGE 5 E FILED, 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Baltimore Union Memorial Hospital BE SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13d. INSIDE CITY LIMITS? MIDDLE MIDDLE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO IYES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Alcoholism IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) EATH! CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2B AUTOPSY? E CHIEF BE USED DIVISION OF VITAL DEPARTMENT OF PRIOR TO BURI YES NO X ICATE, WRITING THE W. FORWARDED TO THE TOR: PAGE 3 SHOULD BI 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 71e PLACE OF INJURY (AT HOME. 214 INJURY OCCURRED 211 LOCATION TO MEDICAL EXAMINER: THIS CAN EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDET TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE NOT WHILE WHILE Inspection X 220. I certify that I took charge of the remains described above, held an Inquiry and in my apinion Natural causes X death resulted fram: Homicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE 10-21-85 Assistant SIGNATURE MEDICAL EXAMINER EXAMINET'S NAME Penn St., Balto., MD 21201 Ann M. Dixon. (TYPE OF PRINT) ADDRESS CREMATION, REMOVAL 236. DATE 3c. NAME OF BP 07/84 25M 1256 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR **DHMH - 17** (VR A15 ME (5))



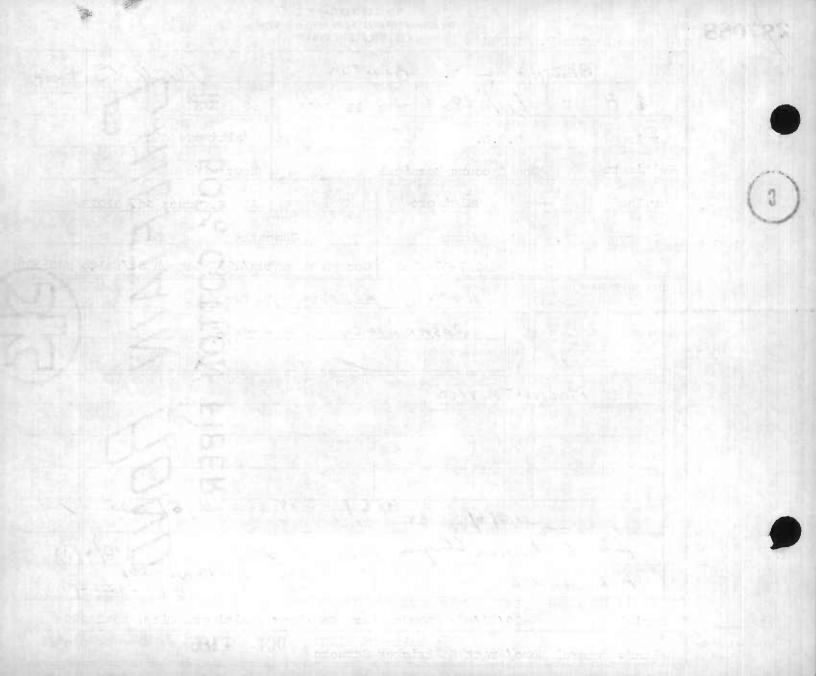
296047 STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST DECEASED NAME FIRST 20. DATE OF DEATH YEAR MONTH 2h HOUR TYPE OR PRINTI ROSE E dna BENNETT 85 12:45PM 10 19 IF UNDER I YEAR SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) MONTH DAY YEAR Female White 22 1907 11 BIRTHPLACE (STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED BALTIMORE CITY Maryland U.S.A. WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR THE "JOHNS" HOPKINS" INDUSTRY BALTIMORE Homemaker WOUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Maryland Baltimore YES X NO [6715 Duluth Ave. 21222 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLI LAST Jones Benjamin Phelps Rose 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Jacksonville, Fla. 32211 IYES NO OR UNKNOWN) 212/09/7371 Stewart J. Bennett 3776 Buckskin Trail No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 8 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY Pilnonam IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO [210 ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION AT HOME STREET, FACTORY, OFFICE FARM, ETC.) CITY OR TOWN COUNTY WHILE NOT WHILE 220 I certify that (I) (this hospital) attended the deceased from saw the deceased alive on abave, (I) (we) (did) (did) no and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 226. SIGNATURE DEGREE 771 DATE SIGNED PHYSICIAN PHYSICIAN DIRECTOR 22d PHYSICIAN'S NAME TYPE COLUMN 22e ADDRESS KZYMONU H 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (SPECIFY) STATE 10/23/1985 Burial Oak Lawn Cemetery Baltimore, Maryland 24 FUNERAL DIRECTOR 256 REGISTED ON A CONT

Walter Brooks Bradley Inc. Balto., Md. 21222

DHMH - 16 60M 7/84 (VRA 15, 4)



(VRA 15, 4)



- STATE

REGISTRAR DECEASED NAME TYPE OR PRINT)

MINNIE

Md.

no

14. FATHER'S NAME

female

STATE OF MARYLAND

5 DATE OF BIRTH

3-8-1894

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

9 BALTIMORE CITY OR COUNTY OF DEATH

Baltimore City

13e.STREET ADDRESS / ZIP CODE

MIDDLE

ADDRESS

	REG. NO.					
1	20. DATE OF DEATH MONTH	DAY	YEAR	2b. HQU	Rp.	
1	Oct.11,1985			11;	.45M	
1	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER 24 HRS		
	91 yrs. yes	MONTHS	DAYS	HOURS	MIN.	

76 CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE ISTATE OF FOREIGN MARRIED NEVER MARRIED COUNTRY Md. WIDOWER CITY OR TOWN OF DEATH

caucasian

11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE)
Housewife Home Home

4750 Homesdale Avenue

Baltimore Church Hosp. Corp. Jo. STATE 13b. COUNTY

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY:

220.1 certify that (1) (this haspital) attended the deceased fram OCC.

24 FUNERAL DIRECTOR SCHOOL Funeral Home Pores Inc.

3331 Brehms Lane, Balto., Md

Oct.

4 RACE

Baltimore

BERMAN

15 MOTHER'S MAIDEN NAME Ida Bailey

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Henry Bensel 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)

166 SOCIAL SECURITY NO. 220-44-6897

17 INFORMANT

Acute Myocardial Infarction

13d INSIDE CITY LIMITS?

Edgar Gerke Sr. 6209 Golden Ring Rd.

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

21206

Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic Cardiovascular Disease

DUE TO, OR AS A CONSEQUENCE OF

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 Chronic Congestive Heart Failure, Renal Failure

19h CONDITION FOR WHICH OPERATION WAS PERFORMED

85

210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING T CAUSE OF DEATH

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR PM

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

20a AUTOPSY?

NOF

OCt.

and that in (my) (and) apinian death accurred an the date and have and from the causes stated

(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE

190 DATE OF OPERATION

21e. PLACE OF INJURY AT HOME STREET, FACTORY OFFICE FARM ETC)

21f LOCATION

COUNTY CITY OR TOWN

STATE

saw the deceased alive an UCT. II abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE

DEGREE

ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22c. DATE SIGNED

A.F. Nazemi

100 N. Broadway

DHMH - 16 60M 7/84 (VRA 15, 4)

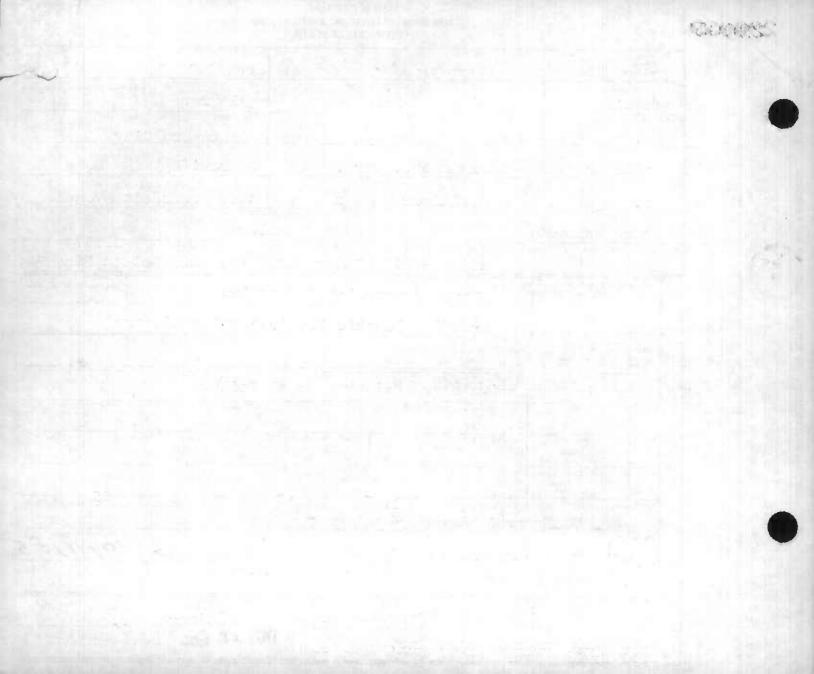
230. BURIAL, CREMATION, REMOVAL 236 DATE 10-15-85 Burial

Parkwood Cem.

23d LOCATION Baltimore,

23c NAME OF CEMETERY OR CREMATORY

Md DIBYREGISTATE 25b. REGISTRAR'S SIGNATURE



1.	FOR - STATE REGISTRAR			DEPARTA	MENT OF H	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO	2 7	5 2	5
	CEASED NAME	FIRST		AIDDLE	ı	LAST		MONTH DAY	YEAR	2b HOUR
	THO	MAS 1	BIELAT			Day of the Land	OCTOBER?	30 19	985	4-504 r
3. SE	х	4.	RACE		S. DATE C		6. AGE (IN YEARS LAST BIRT	HDAY) IF	UNDER I YEAR	HOURS MIN.
	MALE		CAUCA	SIAN	Nov.	20. 1897	87	YRS		
	IRTHPLACE (STATE OR F	OREIGN 76	CITIZEN OF	WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER MARRIED DIVORCED	BALTIMORE CITY OF		FDEATH	MD.
₩8. C	BALT IMORE	ATH 11	(IF NOT IN SUCI	OSPITAL, NURSIN H FACILITY, GIVE STREET HOSPITAL	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATE TYPE OF WORK FOR MOST OF CHAUFFEUR	WORKING LIFE	126 KIND OF INDUSTRY CAB DR	TVER
13a. S	AL RESIDENCE (IF NURS STATE ARY LAND	13b. COUNTY		GIVE RESIDENCE BEFORE 13c. CITY OR TOW BALTIMO	N	13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS / 2204 BANK	ZIP CODE STREET	2123	1
14. F	ATHER'S NAME	AA II	DDLE	LAST		15 MOTHER'S MAIDEN NA.	ME		LAST	
	MARTIN			IELAT		MARYANNA	Model	KRZ	YZOWSK	
	WAS DECEASED EVER	IN U.S. ARME		166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS .	2	1231
1	NO	-		217-01-7	7825	VERONICA CON	VLEY 2204 BA	NK ST	Balto	. Md.
NO	Canditians, if any, gave rise to imm cause IoI, statin underlying cause	nediote g the last.	DUE TO, OR b) DUE TO, OR (c) NDITIONS CO	R AS A CONSEQUE ANEMIA R AS A CONSEQUE MELENA DITRIBUTING TO D	ENCE OF	NOT RELATED TO THE TERM	ninal disease or cont	DITION GIVEN	IN PART 110	
ATIC	19a DATE OF OPERA					OMINAL AORT	20a AUTOPSY?	20b IF YES, V	VERE FINDIN	GS USED
IFIC	1						YES NO TO	IN CERTIFYIN		OF DEATH?
MEDICAL CERTIFICATION	21a. ACCIDENT WAS UNE OR CONTRIBUTING CORE (IF EITHER NOTIFY MEDIC 21d INJURY OCCURE WHILE NOT WAT WORK AT WORK	CAUSE OF DEATH CALEXAMINER)	DEATH HOUR A.M. MONTH DAY YEAR			R 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 216 LOCATION			OR PART 2)	STATE
	220.1 certify that (1) saw the decease abave. (h way (c	whis hospital	ottended the	e deceased from_ 2 30_19_8 offer death.	5 , ar	BER 30. 19.85 nd that in (my) (our) opinion .	death accurred on the da	R 30 19.	85 nd from the c	
	Mill	a-	or the	D M	Sup	ATTENDING	MEDICAL STAF	1400	-/	185
22	Richard	A. Jos	sephson				H HOSPITA	L 1001	12123°	PADWAY
	BURIAL, CREMATION, (SPECIFY) Burial	REMOVAL	236 DATE	_		emetery or compations anislaus Cem.	CITY OF TOWN		OUNTY	STATE
	UNERAL DIRECTOR			ادا الرسا	0 56		Baltimon E REC'D. BY REGISTRAR	Sh REGISTRA	VI and	IRF
-	NAME	7 7 0	~	ADDRESS			H. 1 3			and the same date.

UL 1 3 1 1300

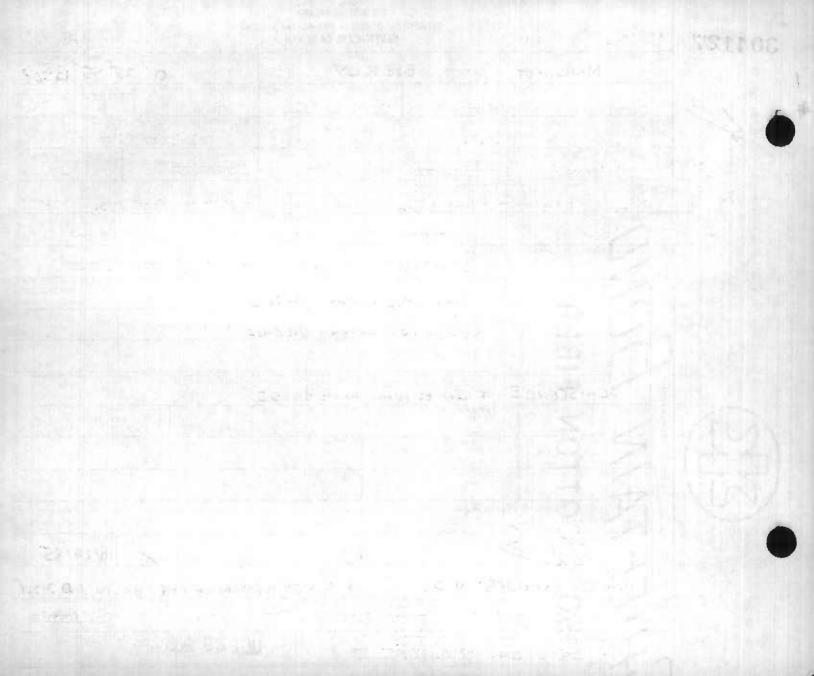
me . I alparen

George A. Weber & Sons Inc. 705 S.Ann St. 21231

DHMH - 16 60M 7/84

(VRA 15, 4)

(VRA 15. 4)



25 IS T20

FOR

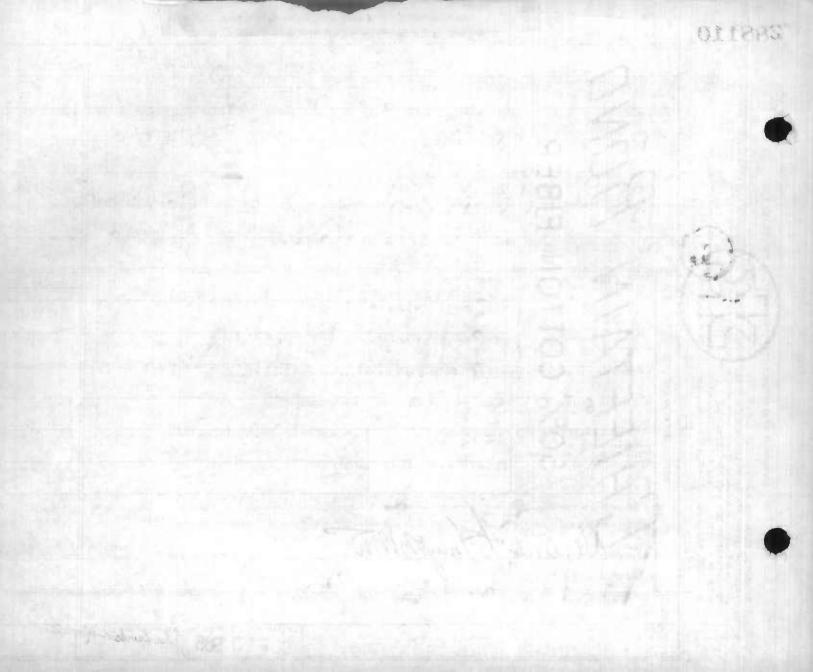
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2	7		2	7
Car	8	0	Gen	
Dec	NO			

5153	REGISTRA	R		MEI	DICAL EXA	MINER'S	CERTIFICA	TE OF DE	ATH	REG. N	10.		
	I. DECEASED I	AME	FIRST		MIDOLE		LAST		20 DATE OF		X MONTH		2b. HOUR
조용번호면 -				INIFER	Lynn		LACKBURI			MATED		19	A
N STR.	SEX Bemale	4 RAC	300	Jan. 9,	1980 5 AGE	(IN YEARS IF UI BIRTHDAY) MONT		UNDER 24 HRS	PRONOUN DEAD	CED	10-10	DAY YEAR	6:45/
35	BIRTHPLAC	STATE OR		76 CITIZEN OF WH	IAT COUNTRY?	8. MARE	HED NEVER	MARRIED DIVORCED			OR COUNTY		
3	Baltin	WN OF DE	ATH	II. NAME OF HOS				N 12a U		ATION (TY	e City	ZE KIND OF BU OR INDUST Schoo	JSINESS IRY
3	JUAL RESIDE 30 STATE Mary		Frede	OTHER INSTITUTION, GR	130 CITY OR TO		13d INCHE CITY L	IMITS? 13e S	IREEJ ADDRE	ss Ro	ad 2	1701	
1	14. FATHER'S N	n	1		Blackbur		FIRST	ilma	Je	an		hews	
2	YES, NO, OR I		IN U.S. ARM HE YES, GIVE W None	VAR OR DATES)	220-98		307 Ad	Mrs. Li am Rd.	illian Frede	Place	, Md.	21701	
I	18 CAL	SE OF DEA		one couse per line BY: E CAUSE (a) Ky								APPROXIMAT BETWEEN ONSE	E INTERVAL
		g couse lost		(c)ONTRIBUTING TO DEATH I	AS A CONSEQUE		E DR CONDITION GIV	VEN IN PART 1 (a)					
2	TIFIC	E OF OPER		19b. CONDIT	ION FOR WHICH	OPERATION	VAS PERFORME	D?	ever Labor			2B AUTOPSY YES [NO X
3		RNAL CAU YING D BUTING D			MONTH DAY	YEAR	OW INJURY OC	CURRED (ENT	ER NATURE OF INJ	URY IN ITEM 1	8 PART OR PART	(2)	
	WHILE AT WO	IRY OCCUR	WHILE .		OF INJURY (AT HO ORY, FARM, ETC.)		OCATION STREET		CITY OF TOV	yn	COUN	ΝTY	STATE
		esulted from		of the remains described causes X.	Accident .	Suicide	,	JIFY)	Inquiry letermined mo	nner 🔲	DATE	10-10-8	35
1	(TYPE O			garita A.			ADDRESS	1 Penn					
		ial		10-14-85	Mount	: Olive	t Cemeto	ery F		Nan Taranta		ick, Md	TATE
	NAME 106	ast C	mith,K hurch	St., Fred	lerick,	d. 217	Home 250.	T 15	BY REGISTRA	756 REC	ISTRAR'S SK	Change	

		• • • •	
Amia (guatura	W. Carlot		
A STREET BALL OF BUILDING			
Called Street, Sand	• 4 - (4)		
toris as the same of the same of	1002-00-001		
tores are those on the mean tore.			
et des cer l'e écéées, leggesique, de		ST-IC-SI	

/	FOR	DEPARTMENT OF HEAL	H AND MENTAL HYGIENE	7 0
288110	- STATE REGISTRAR	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	000
	1. DECEASED NAME FIRST	MIDDLE	LAST 20 DATE KNOWN X	MONTH DAY YEAR 26 HOUR
2 × 2 × 2 × 1	Alice		Blackwell. OF ESTI-	10 7 19 85
PLEASE ECTOR. FILES. STREET,	3. SEX 4. RACE	S. DATE OF BIRTH MONTH DAY YEAR LAST BIRTHDAY) MO		MONTH DAY YEAR 24 HOU
OUR ON	FB	11 25 10 74 YRS.	DEAD DEAD	10 7 1985 3:56
NECESSARY UNGRAL DIII W. WITHIN YOU W. PRESTON	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY)		RRIED NEVER MARRIED 9 BALTIMORE CITY OR	COUNTY OF DEATH
S S S S S S S S S S S S S S S S S S S	N.C.		OWED X DIVORCED Baltimore C	
THE STEED	ID CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR O (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	FOR MOST OF WORKING LIFE)	WORK 126 KIND OF BUSINESS OR INDUSTRY
A SER POLE	Baltimore	2213 E. Preston Stre	eet	
IF ANY DELAY IS NECESSARY, PLEASE 2, AND 3TO THE FUNERAL DIRECTOR. 3. RETAIN PAGE 5 FOR YOUR FILES. SHOULD BE FILED, WITHIN 72 HOURS ALL RECORDS, 201 W. PRESTON STREET,	113a STATE 113b COU	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) NTY 13c CITY OR TOWN	13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS	21213
D. 21 P. A. A. S. R. S. A. S. R. S. A. S. R. S.	MARYLAND	BALTIMORE	YESTON NO 2213 E. PRESTON	V ST.
DEATH.	14. FATHER'S NAME	MIDDLE	15 MOTHER'S MAIDEN NAME MIDDLE	LAST
O A POP	CLIFTON 160 WAS DECEASED EVER IN U.S. A	DAVIS RMED FORCES? 166 SOCIAL SECURITY NO.	SARAH 17 INFORMANI ADDRESS	MCMILLION
BALTIMORE, MD. S ATTER DEATH. IF GIVE PAGES 1, 2, FINE PAGES 1 AD 2 SI WINDON OF VITAL		215-22-5454	LEATRICE BLACKWELL 2213	E. PRESTON ST.
S S S S S S S S S S S S S S S S S S S	18 CAUSE OF DEATH (Enter of	anly one cause per line far (a), (b), and (c),	I LEATHTOL BLACKWELL 2213	APPROXIMATE INTERVAL
N ST N ST N ST		ED BY: ATE CAUSE (a) Arteriosclerotic	cardiovascular disease	BETWEEN ONSET AND DEATH
A A LO	DVOVLE D IS	DUE TO, OR AS A CONSEQUENCE OF		
PRESTO	Canditians, if any, which			
201 W. PRE UTED WITHI IN PENCIL I ISAL AMINER ISAL AMINER O MENTAL I ON, OR REA	cause (a) stating the <u>unde</u> lying cause last.			
IDS, 201 W. PREST KECUTED WITHIN 4G" IN PENCIL IN ALL EXAMINER A BURLAL TRANSIT AND MENTAL HY ATION, OR REMO		(c)		
RECORDS, 201 W. PRESTON ST LD BE EXECUTED WITHIN 24 HOI PENDING" IN PENCIL IN 1949 IN AEDICAL EXAMINER ALGNG D ASA BURIAL TRANSIT PERMI EATTH AND MENTAL HYGIPUE. ", CREMATION, OR REMOVAL."		IS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISE	ASE DR CONDITION GIVEN IN PART 1 a	
CETTIFICATE SHOULD BE ENOTHER WISION OF VITAL RECORTING THE WORD "PENDIN SED TO THE CHIEF MEDICAL SHOULD BE USED AS A DEPARTMENT OF HEALTH I PRIOR TO BURIAL, CREMINAL, CREMINAL	190 DATE OF OPERATION 210 EXTERNAL CAUSE WAS	196 CONDITION FOR WHICH OPERATION	WAS PERFORMED?	2D AUTOPSY?
SHOUL SHOUL CHIEF E USE URIAL	2			YES NO IX
OF VITA ATE SHO THE CHIE OLD BE US MAENT OF	21a EXTERNAL CAUSE WAS	21b. TIME OF INJURY 21c	HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART	
DIVISION OF VITAL S CERTIFICATE SHOU RITING THE WORD " ROED TO THE CHIEF RES SHOULD BE USE RES PREVIANT OF P. OI PRIOR TO BURIAL	UNDERLYING OR CONTRIBUTING CAUSE OF	HOUR A.M. MONTH DAY YEAR F DEATH P.M. 19		
VISIGNE TING TING TING TING TING TING TING TING	216 INJURY OCCURRED		OCATION STREET CITY OR TOWN	
ARE ARE	WHILE NOT WHILE	SIREEL, FACTORY, FARM, ETC.)	STREET CITY OR TOWN	COUNTY STATE
TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNEXAL DIRECTOR; PAGE 3 S AFTER DEATH, WITH THE STATE OFF BALTIMORE, MARYLAND, 21201 PR	22a. I certify that I taak cha	rge of the remains discribed above, held an Auto	apsy . Inspection X. Inquiry . and in	т ту артпап
MAN SHEET HA	death resulted from: Nat	ural causes Acident . Suicide [. Hamicide . Undetermined manner .	
WIT WAR	1 /n -	Met A Malman	TITLE (SPECIFY)	
# H H H H H H H H H H H H H H H H H H H	SIGNATURE / WELL	was mys my	M.D. Assistant MEDICAL EXAMINER	DATE SIGNED 10/8/85
A S PER S	EXAMINER'S NAME DOX	nnis F. Smyth, M.D.	lll Dawn Ct. Dalla M	
N FIELD W	(TYPE OR PRINT) DET		ADDRESS 111 Penn St. Balto.M	D
	BURIAL	236. NAME OF CEMETERY 10-11-85 EASTVIEW	OR CREMATORY 234 LOCATION CITY OF TOWN BALTIMORE	MARYLAND
07/84 BP	24 FUNERAL DIRECTOR			AP'S SIGNATURA
DHMH - 17 (VR A1S ME (5))	W.C. MARCH F/H (CO. 1101 E. NORTH AVE.	OCT 10 1985 Julia Dav	HOSE AND



		STATE OF MARYLAND
	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 5 2 / 5 5 1
202052	REGISTRAR	REG. NO.
30,30,53	I. DECEASED NAME FIRST REBE	ECCA HOWARD BLACKWELL 20 DATE OF DEATH MONTH 125 HOURS
bode despera	3 SEX TARKET	
oge 4 r	F	5/ACK 8 /02/22 63 1785 MONTHS DAYS HOURS MIN.
death. Property of the propert	BIRTHPLACE TATE OF FOREIGN TO C	ITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED ON BALTIMORE CITY OF COUNTY OF DEATH WIDOWED DINORCED
ofter of the figure of the fig	10 CITY OR TOWN OF DEATH	NAME OF HOSPITAL, NÜRSING HOME OR OTHER INSTITUTION IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 17b. KIND OF BUSINESS R (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
hour hour day	USUAL RESIDENCE (IF NURSING HOME OR OTHER 130 STATE)	ASSITUTION GIVE RESIDENCE BEFORE DOMISSION) 13d INSIDE CITY LIMITS? 13e STREET ADDRESS ZIP CODE 1 21216
hin 24 hin should should	14 FATHER'S NAME	15 MONHER'S MAIDEN NAME.
	FIRST MIDDLE	Harriette Wright
medico medico	16a WAS DECEASED EVER IN U.S. ARMED (YES, OORLINKNOWN) (IF YES, GIVE WAR	
at the	18 CAUSE OF DEATH (Enter only one PART I. DEATH WAS CAUSED BY	e cause per line far 10 (b), and IC
certt, certt, remer r remer r cevel	IMMEDIATE CA	
STOP feeth feeth ve cor ion, o	Canditions, if any, which	DUE TO, ORAS A CONSEQUENCE OF BLEEDING
fre of the or remoternation	gave rise to immediate cause (a), stating the	DUE TO, ORIAS ACOMSEQUENCE OF
s that s that ed by oleose riol, c	underlying cause lost.	10 Prob. Pancrentic Ca
RDS, and a signal signa	Z O	OIT ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
low requirements been seemit. The e-prior to	190 DATE OF OFFATION BITATY Drainage 710. ACCIDENT IVAS UNDERLYING	196 CONDITION FOR WHICH OPERATION WAS PERPORMED 206 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
TAI The Icion icion te ho isit p isit p isit p	Biliary Drainage	DI I CATY 66 >TIUC 110/ PES NO YES NO D
DF VIT	OR COMMENCE CAMERON OF THE PROPERTY OF THE PRO	HOUR A.M. MONTH DAY YEAR
DIVISION OF ONG PHYSICIA The this certific os the buriol-the of the order dention or the dorder dention or the order dention or the ore		P.M. 19 18 PLACE OF INJURY A HOME STREET EACTORY OFFICE FARM FTC.) STREET CITY OR TOWN COUNTY STATE
NG P offer of the one of the one	WHILE NOT WHILE AT WORK	AT HOME STREET FACTORY, OFFICE FARM, ETC.) STREET CITY OF TOWN COUNTY STATE
a e e e e	22a I certify that (I) this hospital) a sow the deceased alive as	tended the deceased from 19 30, to 00 40, 19 00, that (I (we) ost
RECTOR Hed for up them 21 is		with backafter death. 22c. DATE BIGNED
0 0 0 0 =	1 1 1 /	ATTENDING MEDICAL STAF 10/2 5/86
TO HOSPITAL (reformed by the TO FUNERAL I should be deto with the Store I MPORTANT; if	THE PHYSICAL SHAPE	itos MD 22 Screene St. Balto.
	230 BURIAL, CREMATION, REMOVAL 236	DATE 23 NAME OF CEMETERY OR CREMATORY 23 LOCATION CITY RIOWN COUNTY A STATE A
BP	24 FUNERAL DIRECTOR	0-30-85 (Taruson FOT 25d DATE REC'D. BY REGISTRAR'25b. REGISTRAR'S SIGNATURE
DHMH - 16 60M 7/84 (VRA 15, 4)	LEROY O. DVett.	\$ Jon. 4000 Liberty Hold And 28 1985 die Triber De

1º2 28/es/or 11 mind 12 12 12 12 B . 3/12/22 63 1 MD USA T BOHIMORE Balto Dalo Ballo X SENCALISTE Harry strainel 214-14-2805 For Fire OM Isand vanconlygothas Sepors vs Bleeding - northered of problems 5 68 88 64 84 00125 85 del allos Jegostibis see All Lother D. All

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE,

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2	1	0	Ú	2	

	REGISTRAR								REG. NO.				
TYPE		DRED	ed	MIDDLE	BLACK	ocku	vell	20 DATE OF DE	10-13	85,85	10 50 AM		
3 SE	TEMA!	e 1 R/	Blac	ek ack	Marc	h BIRTH	1919	6 AGE (IN YEARS	YRS	MONTHS DAYS	HOURS MIN.		
	RTHPLACE (STATE OR FOR COUNTRY) aryland	reign 7b C	U.S.	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER	MARRIED	BALTIMORE BALTIN	OTTOR COUNT	Y OF DEATH	MD		
10 C	Baltimore	В	OP BEC	OUTS WEHOS	G HOME C	OR OTHER INS			CUPATION R MOST OF WORKING I	INDUSTRY	of Educ		
M	aryland	HOME OF OTHE	R INSTITUTION	GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Baltimo	V	YES X	NO [633 N.	Fulton		217		
	ATHER'S NAME FIRST William	MIDDE H.		Bowers			'S MAIDEN NA FIRST Hattie		IDDIE	Booze	ST		
	NAS DECEASED EVER IN YES, NO OR UNKNOWN) NO	U.S. ARMED JIF YES, GIVE WAR		218-18-9		Henry		ckwell 6	33 N. Fr				
	Conditions, if ony, v gove rise to imme- couse 101, stating	S CAUSED BY	DUE TO, OF	OR AS A CONSEQUENCE OF CORAS A CONSEQUENCE OR			uic In	Shoe	istly is	BETWEEN	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 4		
NOI	PART 2 OTHER SIGNIF	- (DITIONS CO	DINTRIBUTING TO D	DEATH BUT	NOT RELATE	D TO THE TERM	MINAL DISEASE O	R CONDITION G	IVEN IN PART 1	0		
CERTIFICATION	194 DATE OF OPERATION 196 CON			TION FOR WHICH	OPERATIO	N WAS PERF	ORMED	20a AUTOPS' YES □ N	IN CERT		WERE FINDINGS USED ING CAUSES OF DEATH?		
MEDICAL CER	OR CONTRIBUTING CAL	R CONTRIBUTING CAUSE OF DEATH HOUR		AE OF INJURY R. A.M. MONTH DAY YEAR P.M. 19				RED (ENTER NATURE OF INJURY IN ITEM 18 F		PART I OR PART ?)			
	21d INJURY OCCURRED	OF INJURY EET FACTORY OFFICE FA	211 LOCAT	LOCATION STREET CIT			Y OR TOWN COUNTY						
	22a I certify that (I) () sow the deceased above, (A (we) (did	olive-on>	10	115 19 8	,		19 10 10 10 10 10 10 10 10 10 10 10 10 10	death occurred a	n the date and ha	our and from the	that (I) (we) West causes stated		
	22b. SIGNATURE	w		-9		DEGREE		MEDICAL DIRECTOR	STAFF PHYSICIAN [224. DATE	N. 82		
	22d PHYSICIAN'S NAM	pop	1010 Sp. Canl St.				21402						

TO FUNERAL DIRECTOR. should be detached for with the State Dept. a TO HOSPITAL IMPORTANT: BP.

d Mental Hygiene prior

DHMH - 16 60M 7/84 (VRA 15, 4)

236 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 10-19-85

Marshall W. Jones, Jr. 4101 Edmondson Ave 21229

24 FUNERAL DIRECTOR

23¢ NAME OF CEMETERY OR CREMATORY Arbutus Memorial Pk.

Arbutus,

Baltimore Co.,

BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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		c.e.	25 - 15'	1	201		remile
	Falthare city		20			.U	borlyreM
or Edna	Rot. Principal Legs.		1	olesch.	incest	are6	6*(:)
, ni	ogg T Filten Ave. Gli		1 m	Storti	1sc		Sast'
	Вэрове	elijah		UTD	82	-4	.3 <u>.11</u>
Visis .	awell ogg N. Pulton Ave	ouls -0	guali	7036-17	EIS		oll

Burtal 10-19-85 Arbarus Menorial Dr. Arburan, Baltimore Col, Wi

Mer will h. Jones, Jr. 4101 Schoolston eve Sicky

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. BALTIMORE

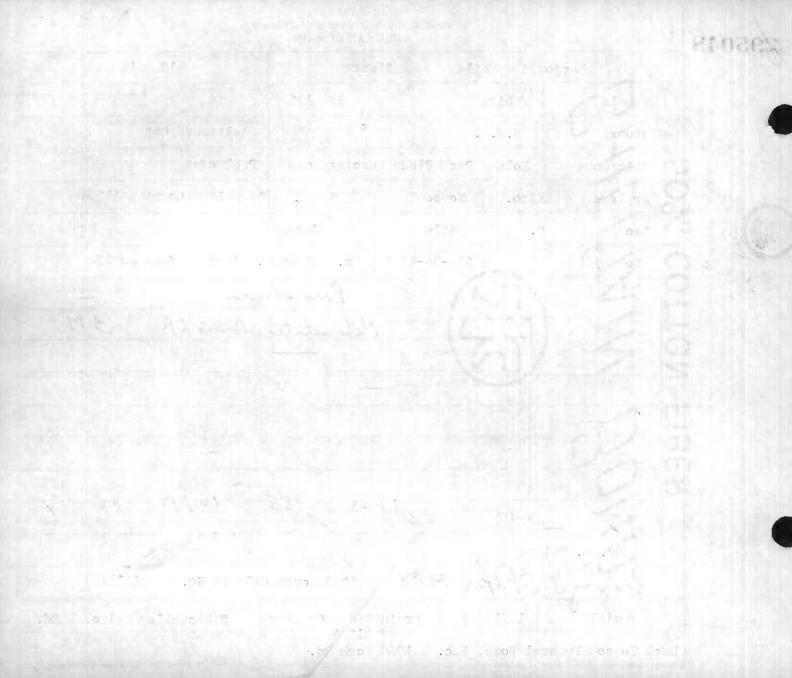
STATE OF MARYLAND FOR STATE

Ruck Towson Funeral Home, Inc. 1050 York Rd.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

048		STATE REGISTRAR			CERTIFI	CATE OF D	EATH	REG.	NO.			C.H.		
4 eo		CEASED NAME FIRST OR PRINT) Marjo	rie H	aile	Ble	itt		20 DATE OF DEATH	10	14	85	2b. HOUR		
a office of	3. SE	Female	RACE Whit	e	5 DATE O	BIRTH	1 9 ·27	6. AGE (IN YEARS LAST)	BIRTHDAY) YRS.	MONTHS	DAYS	IF UNDER 24 HRS		
200	1	RIHPLACE (STATE OR FOREIGN AND THE STATE OF THE S		76 CITIZEN OF WHAT COUNTRY? 8 MA		X NEVER A	AARRIED	9. BALTIMORE CITY OR COUNTY OF DEATH Baltimore, City						
90)0 C	TY OR TOWN OF DEATH Baltimore		NAME OF HOSPITAL, NURSING HOME OF KOTANG PARK SPIACES NU						CCUPATION 126 KIND OF BUSINESS OF INDUSTRY				
3	175U	AL RESIDENCE HE NURSING MOME OF THE MARY LAND	Balto.	GIVE RESIDENCE BEFORE		13d INSIDE C	NO 🔀	36TRMA 10PBES	CARE	PE , 2	1204			
130	7"	Leon Leon	C. CDDIE	Haïle			Joseph				Dr	ake		
12		a. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES. NO. WE UNKNOWN) (IF YES. GIVE WAR OR DATES) 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS Mr. Walter C. Blatt Same							as 13e					
moral moral	B	18 CAUSE OF DEATH Enter of PART I, DEATH WAS CAUS	inly ane cause pe ED BY ATE CAUSE (a)	r line fai (a), (b), and	d ic-	Pa	rapl	ezia		BE	APPROXIM	NATE INTERVAL NSET AND DEATH		
complete corbo	1	Conditions, if any, which gave me to immediate cause is stating the underlying cause tast	DUE TO, C	DR AS A CONSEQUE	/	Metax	state	Adeno	CA		31	Mo		
hen pled to buriol ijury, or	Z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0												
19	MEDICAL CERTIFICATION	19a DATE OF OPERATION	196 CONE	DITION FOR WHICH	OPERATION	WAS PERFO	RMED	200 AUTOPSY?	IN CERT	ES, WERE TIFYING C		GS USED OF DEATH?		
19		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	EATH HOUR A	.M. MONTH DA	Y YEAR			RED (ENTER NATURE OF IN	JURY IN ITEM 18	PART) OR F	PART 2)			
h and M		21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY IREET, FACTORY, OFFICE FA	ARM ETC)	211 LOCATIO STREET	N O	CITY OR	LU	COU	INTY	STATE		
K 21 it mo		270. I certify that (this hospital) attended the deceased from 3 19 5 to 19 5 to 23 saw the deceased alive an 19 19 5 and that in (my) opinion death occurred an the date and his abave, (we) (did) (did not view the bady after death.						19, that (I) (ye) last our and fram the causes stated						
the Dep		Dr. G. Walker Degree Attending Medical Staff Physician Director Physician						276	DATES	IGNED				
PORTAN		22d PHYSICIAN'S NAME (TYPE	9/4	Ker M7	>	22e ADDRES	S	Calvert St		212	18			
	23a. E	SURIAL, CREMATION, REMOVA SPECIFY) Burial	23b. DATE 10/10		ruid		Cemeter		ville	Ba	lto.	Mã ^t .		
	04 5	INTERNAL PROPERTION				7 1 7 1 7 1 7 1	AC DAY							

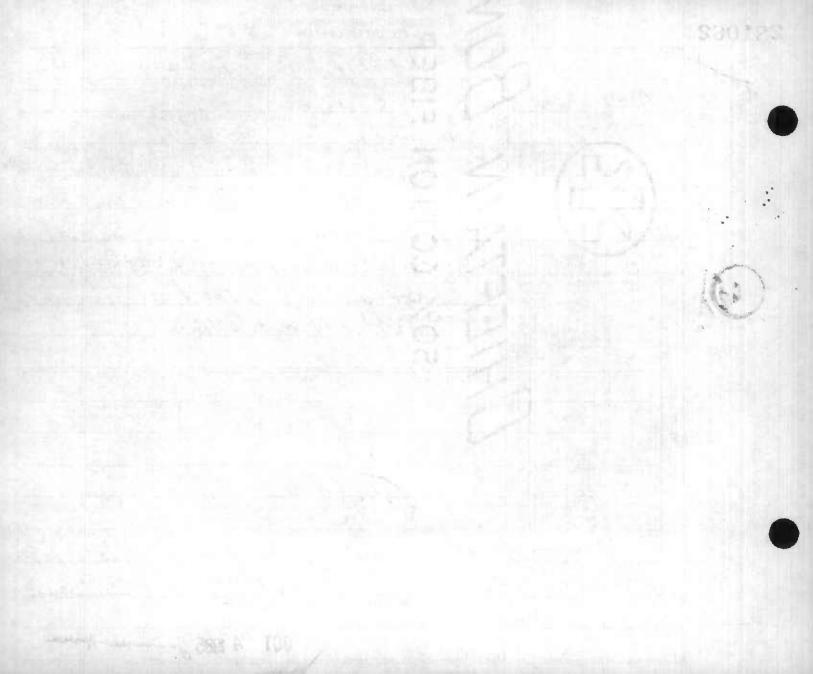
DHMH - 16 60M 7/B4 (VRA 15, 4)



William C. March F/H Inc West 4300 Wabash Ave

(VRA 15, 4)

STATE OF MARYLAND

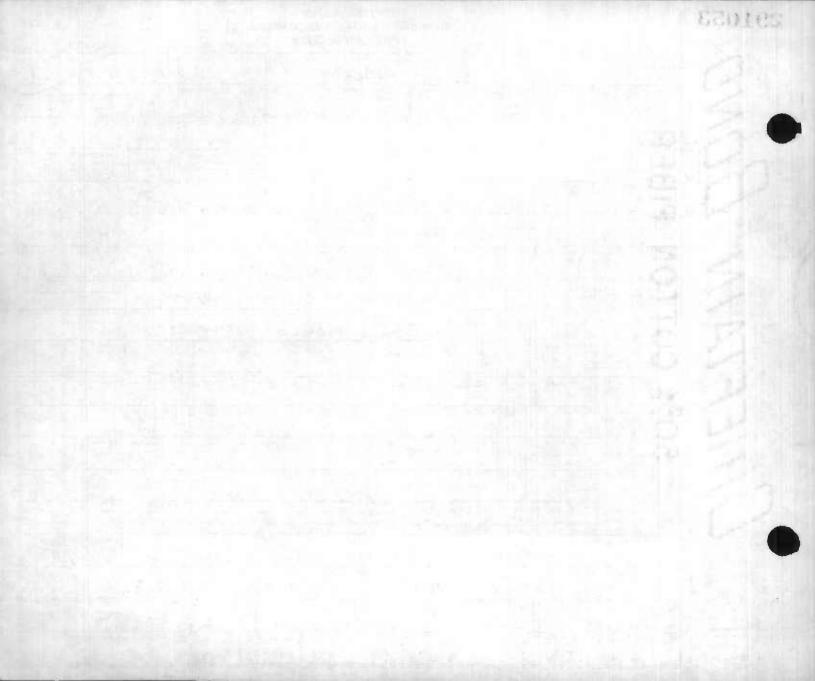


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ING PHY r offendi After this os the bi	Ith and M		21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, F	ARM ETC.)	0	CITY OR TOWN		COUNTY	STATE		
ATTEND ospitol o ECTOR: 1 d for use	t of Heo m 21 is m		sow the deceased alive on above, (1) (we) (did) (did no	tol) oftended the deceased from 19 11 view the bod often death.	35, and that in (my) (a	our) opinion de	eoth occurred on the date	. 17				
MAL OR by the horse detoche	State Dep		276. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN'S NAME (TYPE OR PRINT) 272. DATE SIGNED 10.13.85									
o HOSP etoined to TO FUNE should be	with the Stol		SUDMIR!	D. PATEL			RIES GEN.	4089	- 13	SALTIMO		
BP		E	BURIAL, CREMATION, REMOVAL BURIAL		stview Memori	ial Pk.		4	OUNTY	Md.		
DHMH - 16 60 (VRA 15,			W.C.MARCH F/1	H CO. 1101 E.	North Ave.	OCT	1 7 1985	REGISTRAR				

STATE OF MARYLAND

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	81		[TYPE		MES	E.	13	DODIE	/	10/10/8	11:-	26PM	
1	m Ter		3 SE	X	4 RACE		S. DATE C		6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDE	DAYS HOURS	R 24 HRS	
'	ge 4			MALE	BLAC		1	5 1906	79	YRS			
	2 hot	i de		RTHPLACE (STATE OR FOREIGN COUNTRY)		WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH				
	deor deor	9/0		ORTH CAROLINA	U.S.		WIDOWE	DR OTHER INSTITUTION	BALTIMOI	MD.			
-	offer y the led with	11/	- 1	ALTIMORE	(IF NOT IN SL	IERAN HOSP	ADDRESS]	OR OTHER INSTITUTION	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST OF ENGINEER	F WORKING (IFE) IND	DERT. O	PSS OK ON	
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QNI	fulled lould	BF		ARYLAND 136. COI	JNIY	BALTIMO		136 INSIDE CITY LIMITS?	1816 W. LA		AVENUE,	21217	
/E	d 2 sh	mine		ATHER'S NAME FIRST	WIDDIE	LAST		15 MOTHER'S MAIDEN NA			LAST		
E	dubo	ě	-	RED		BODDIE		MARTHA			ALLEN		
80	o pud c	odico	1	VAS DECEASED EVER IN U.S. A YES NO OR UNKNOWN) (IF YES, O	GIVE WAR OR DATEST	166 SOCIAL SECT		17 INFORMANT	ADDRE				
TIM	S. Po	e a	Y	ES WW		215-10-3		RUTH BODDIE	, 1816 W. L/				
ON ST., BA	th certificat ading physicorbon pop	motic event,	H	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which (b) CAPPLOID RESPIRATORY ARREST APPROXIMATE INTERVAL BETWEEN ONSEL AND DEATH CONTINUE TO CONSEL AND DEATH APPROXIMATE INTERVAL BETWEEN ONSEL AND DEATH APPROXIMATE INTERVAL BETWEEN ONSEL AND DEATH CONTINUE TO									
O1 W. PREST	that the deal d by the otter ease remove (ol, cremotion) or other traum		E	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	(c)_	DR AS A CONSEOU	ence of						
RECORDS, 2	low requires so been signe ermit. Then p	S ony injury.	CERTIFICATION	PART 2 OTHER SIGNIFICANT	IT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NO						ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?		
¥	The cron te ha	No.	RTH	21a ACCIDENT WAS UNDERLYING		OF INJURY		Tat- How him occur	YES NO	YES 🗌	NO		
F V	physical trace	8 9		OR CONTRIBUTING CAUSE OF D	EATH HOUR A	M.M. MONTH D		21c HOW INJURY OCCUR	KED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR	PART 2)		
DIVISION OF VIT	JG PHYSIC offending ter this certs the burions the burions hand Ment	rked or the	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY TREET, FACTORY, OFFICE, I	FARM ETC)	211 LOCATION STREET	CITY OR TO	vn cor	UNTY	STATE	
٥	SNDIN of or or or or or or or or or or or or or o	15 AD		22a I certify that (1) (this has	11) 1 1	he deceosed from	87	13		19_3	, that (l)	(we) lost	
	ATTE Spritt SSpritt d for t of	m 21		sow the deceased alive above, (1) (we) (did) (did		y ofter death.		nd that in (my) (aur) apinian	death accurred on the do				
	the high proche	i If he		₹₹₽₽ SIGNATURE	ldun	· «.	Oun	ATTENDING PHYSICIAN [MEDICAL STAP	F /	ONE SIGNED	7-	
	HOSPITA bined by FUNERA ould be de	MPORTANT		22d. PHYSICIAN'S NAME (IVAL)	OR PRINT)			22e ADDRESS		PITAL	7707 8		
	retoin TO F shoul	≦	23o. I	BURIAL, CREMATION, REMOVA		23¢	NAME OF C	EMETERY OR CREMATORY	23d LOCATION				
	BP			ENTOMBMENT				S MEMORIAL PA	RK BALTIN	MORE COUN		STATE	
	DHMH - 16 60M (VRA 15, 4		24 F	2501 GWYNNS F	FUNERAL	HOME BAL	IC.		T 16 4005	15			



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., SANTIMORE MARYLAND 21201	MATTINORE MARYLAND 21201
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death contracts and making 24 hours after death. Program retained by the hospital or ottending physician.	off the properties within 24 hours ofter death. Page
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottendin little common completely filled in by the funeral direction, should be detached for use as the burial-transit permit. Then please remove Corticon mentiling and 2 should be filed within 72 host, it with the State Deat of Health and Mental Hyatene prior to burial, cremation, or effective.	to completely filled in by the funeral director report of a should be filed within 72 hot and
IMPORTANT. If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner mist be notified at order	int, the medical enaminal mistibe notified afforce

		STATE OF MARYLAND FOR 1 - STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. DECEASED NAME FIRST MIDDLE LAST REG. NO. 120. DATE OF DEATH MONTH DAY YEAR 120. HOUR											
-		OR BBILL TV		eming B				etober 3 1985					
	3 SE	X	RACE Caucasian		S. DATE C		6 AGE (IN YEARS LAST BIR	THDAY) IF	FUNDER : YEAR	IF UNDER 24 HRS			
3		RTHPLACE (STATE OR FOREIGN COUNTRY)	7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED WIDOWE				Baltimore Ci	M					
18	Bai	ltimore	Maryland	General Ho	spital	DR OTHER INSTITUTION	Agent R.E.A.		INDUSTRY	s Agency			
E	Mai	AL RESIDENCE (IF NURSING HOME OR STATE TYLAND		Baltimore		134 INSIDE CITY LIMITS?	13. STREET ADDRESS 116 W. Unive	ZIP CODE	rkway	21210			
10		ATHER'S NAME mes Henry Bohannan	AIDDLE	15. MOTHER'S MAIDEN N Virginia Par			110015		LAST				
1	160 V	VAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) (IF YES GIVE	MED FORCES?	714-03-40		17 Mrsmalda Mae 116 W. Univer	1timore	М	21210 aryland				
		PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR (b) DUE TO, OR	AS A CONSEQUE AORTIC AS A CONSEQUE	ENCE OF STENO	rdiomyopathy sis, mitral s secondary to			diseas	e.			
65	NOIL	PART 2 OTHER SIGNIFICANT C											
2	TIFICATION	190 DATE OF OPERATION	196. CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO			OF DEATH?			
9	CAL CERTI	2)a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH				YEAR						
i	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE O (AT HOME STREE	F INJURY ET, FACTORY, OFFICE, F	ARM ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE			
		126 I certify that (X (this hospital) attended the deceased from September 30, 19 85, 10ctober 3, 19 85, that X (we) I saw the deceased alive an October 3, 19 85, and that in (mg) (our) opinion death occurred on the date and hour and from the couses stated above, X (we) (did) (XXXXI) view the body after death.											
		276 SIGNATURE	attas	lin		DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN							
1		22d. PHYSICIAN'S NAME (14PE OF Shoaib Has.				c/o Maryland General Hsopital							

23c. NAME OF CEMETERY OR CREMATORY

Lorraine Park Cemetery

24 FUNERAL DIRECTOR LOTTING Byers Funeral Directors, Inc. DHMH - 16 60M 7/B4 8728 Liberty Road Randallstown, Maryland 21133 (VRA 15, 4)

736. DATE 10-05-85

230 BURIAL, CREMATION, REMOVAL **PUTTAT**)

Baltimore Maryland

Paltimore

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2	85	90	8
	equires that the death certificate be executed within 24 hours ofter death. Page 4 may be	signed by the attending physicion and completely fill at they the serial director, page 3. They please serially represented to the serial property of the serial serial property of the serial serial property of the serial seria	
	ithin 24 hours ofter o	rely filled in by the	
	ote be executed wi	vsicion and camplet	lo
	the deoth certifical	the attending phy	remotion or remov
	quires that	signed by	to buriol c

STATE OF MARYLAND FOR - STATE REGISTRAR **CERTIFICATE OF DEATH**

	NEO IO I NI III				REG. N	J.					
	EASED NAME FIRST	MIDDLE	ı	AST	20 DATE OF DEATH	MONTH D	AY YEAR	26. HOUR			
(TYPE	OR PRINT) MABEL	L.	ВОНО	ON	7	1985	3:35 PM				
					OCTO DOL			-			
3_SEX		4 RACE	5 DATE C		6. AGE (IN YEARS LAST BIR		IF UNDER I YEAR				
E	MALS	WHITE	Dec	6, 1901	83	YRS		HOURS MIN.			
	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	TRY? 8	D NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY	OF DEATH				
Di	ARYLANO	U.S.A.	WIDOWE	DIVORCED	BALTIMORE	CITY	CITY				
IP CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	JRSING HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT	OF BUSINESS OR					
	BALTIMORE	"UNION MEMO	RIAL HOS	SPITAL	AT HOME		G LIFE) INDUSTRY				
	L RESIDENCE (IF NURSING HOME OF					21234					
13a S	TATE 136 COUI	VIY 13 CITY OR	TOWN	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE	~ ~	, ,			
1 16	JKAPAUD 11249	IIMORE FARK	VILLE	YES NO.	1801 DE	10127	SHV	2 .			
]∳ FA	THER'S NAME			15. MOTHER'S MAIDEN NA							
0 -	FIRST	MIDOLE LAST	0	FIRST	MIOOLE		~11	Opts			
	OHI	- UZIII	7	401115	ADDR		C. h.	HKK			
	(AS DECEASED EVER IN U.S. AR	VE WAR OR DATES)	SECURITY NO.	17 INFORMANT	ADDRI	.55					
1	10	22011	49337A	1 - Amily	RECORDS						
		ICEN I	100111	11000	THE COMPO		APPRO:	XIMATE INTERVAL			
	18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE	D BY	1.	1 - 1			BETWEEN	XIMATE INTERVAL LONSET AND DEATH			
		TE CAUSE (0) Conges	TIVE HE	eart tailure							
	THE RESIDENCE	DUE 10 00 10 1 5015	FOURTHER OF								
		DUE TO, OR AS A CONS	- 00	nal Farline	N -7 W						
	Conditions, if any, which										
	couse (o), storing the										
	underlying couse lost										
	(c) Chronic Pyelonephintis										
7	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
◙	Htherscien	otic Vasculai	dsea	150							
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WI	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FIND				
5	_							S OF DEATH?			
E					YES NO	YES		NO 🗌			
	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	RT I OR PART 2)				
AL	OR CONTRIBUTING CAUSE OF DE	AIH	19								
MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	14	211 LOCATION							
VEI		(AT HOME, STREET, FACTORY, OF	FFICE FARM ETC 1	STREET	CITY OR TO	WN	COUNTY	STATE			
_	AT WORK AT WORK										
	22a.1 certify that (1) (this hosp	ital) attended the deceased fr	rom DC+	5 19 85	to Oct 7		085	, that (I) (we) last			
	220.1 certify that (1) (this hospital) attended the deceased from DC+ 5 , 19 85 , to DCT 7 , 19 85 sow the deceased alive an UC+ 7 , 19 85 , and that in (my±(aur) apinion death accurred on the date and hour and from										
	abave, (I) (we) (did) (did not) view the body after death.										
	226. SIGNATURE	5		DEGREE			22c DATE	ESIGNED			
	Batru 1.	Laul		ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR DIRE							
	22d PHYSICIAN'S NAME CTYPE	OR PRINT)		22e ADDRESS	J DWELLOK T PHISIC	IN Y	1.01	00			
	BETSY A. FAY	M.D.		UNION MEMORIAL HOSPITAL							
220 B	URIAL CREMATION REMOVAL	1236 DATE	23, NAME OF C	EMETERY OR CREMATORY	234 LOCATION						

DHMH - 16 60M 7/B4

should be detoched for use as the burial-transit permit with the State Dept. of Health and Mental Hygiene prior TO FUNERAL DIRECTOR: After this certificate has bee TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the hospital or ottending physician.

marked or Item 18 shows

IMPORTANT: If Item 21 is

24 FUNERAL DIRECTOR
NAME
EVANSCH

(VRA 15, 4)

TH ROSS DAIS BALTO MARYLAGO

250 DATE REC'D. BY REGISTRAR 250, REGISTRAR'S SIGNATURE

OCT 1 4 1985 Fulia Navidson-Anders

3 5 E-58 K - 3 1935-3 15 6 et my moley 4 - man 3

William C. March F/H Inc West 4300 Wabash Ave

(VRA 15, 4)



BOLST

DAY

MARRIED NEVER MARRIED

9

YEAR

DIVORCED

13d INSIDE CITY LIMITS?

1914

3 SEX

Female

COUNTRY Maryland

Baltimore

BIRTHPLACE (STATE OF FOREIGN

CITY OR TOWN OF DEATH

5. DATE OF BIRTH MONTH

6

WIDOWED

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

E.

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Church Hospital

76 CITIZEN OF WHAT COUNTRY?

T.TT.T.TAN

4 RACE

UAL RESIDENCE (IF MURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130 STATE 136 COUNTY 131. CITY OR TOWN

White

U.S.A.

BALTIMORE CITY OR COUNTY OF DEATH

OCTOBER 14

Baltimore City

13e.STREET ADDRESS / ZIP CODE

(TYPE OF WORK FOR MOST OF WORKING LIFE)

12ª USUAL OCCUPATION

Housewife

INDUSTRY

126 KIND OF BUSINESS OR

1985

Baltimore Dundalk 101 Center Place 21222 Maryland NO X A FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Lambert Howard Buchman Grace ADDRESS1052 Foxwood Lane 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 220-03-9095 Ethel Sikorsky Balto., MD. 21221 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY CANCER OF UTERUS IMMEDIATE CAUSE (0)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NON 71n ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 71e PLACE OF INILIRY CITY OF TOWN COUNTY (AT HOME STREET, FACTORY, OFFICE FARM ETC.) NOT WHILE 220.1 certify that (II (fus haspital) attended the deceased from OCTOBER 14 19 85 to OCTOBER 1419 85 that (II (we) lost give on OCTOBER 14.19 85, and that in (my your abinion death occurred on the date and hour and from the causes stated sow the decease give on OCTOBER 1 DEGREE 22¢ DATE SIGNED ATTENDING MEDICAL DIRECTOR PHYSICIAN PHYSICIAN. 22e ADDRESS 22d. PHYSICIAN'S NAME (TYPE OR PHOLE CHURCH HOSPITAL CORPORATION 100 NORTH BROADWAY BALTIMORE, MD. 2123 NAZEMI, ATAOLLAH M.D. 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY) Maryland Burial 10/17/1985 Moreland MEMORIAL Baltimore 24 FUNERAL DIRECTO Duda-Ruck, Inc. 25g. DATE REC'D. BY REGISTRAR 25h. REGISTRAR'S SIGNATURE "a Laurdson Bandall (VRA 15, 4) 7922 Wise Avenue Dundalk, Maryland

DHMH - 16 60M 7/84

A modern

E. NORTH AVE.

101

MARCH E/H_CO

(VR A15 ME (5))

,				STATE OF MARYLAND		20	1- 15	
10012	1.	FOR STATE	DEPARTA	MENT OF HEALTH AND MENTAL HYG	IENE D	la 1	0 4	4
BULL		REGISTRAR		CERTIFICATE OF DEATH	REG. N			
/		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH	MONTH DAY		HOUR
A Second		ANNA		BONCZEK	4-14-14	10 18		7:14AM
d 1	3. SE		RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	THOAY) IF UN		UNDER 24 HRS
# 55		FEMALE	WHITE	12 24 02	82	YRS.		
2 TO 80 A	7a. B	HEHPLACE STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 BALTIMORE CITY O	_	12. 1.	
1 11 40	m	ARYLAND	U.S.A.	WIDOWED DIVORCED		TIMORE		1 MC
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 296032 CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a. DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) 746 001 Dha 3. SEX 4. RACE DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR FUNDER 2 HRS YEAR 0 0 02 To BIRTHPLACE I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED MINEVER MARRIED Bult more City. WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY 40 Laborer USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 430 STATE 13b. COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 1. 2075t. Mul. NO T 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Mary Boozer Lud Lake 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Bertha Boozer, 11 West 20th Street Apt.9T 166 SOCIAL SECURITY NO 17 INFORMANT IYES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for to , tb , and to PART I. DEATH WAS CAUSED BY. ardio IMMEDIATE CAUSE 10 DUE TO, OR AS A CONSEQUENCE OF Not 513 Canditions, if any, which gove rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. RECORDS, 201 a PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11:0 0 IFICATI 190 DATE OF OPERATION 206. IF YES, WERE FINDINGS USED 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? d IN CERTIFYING CAUSES OF DEATH? NO YES [NO [Hyg 21a ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH nto io LIF EITHER NOTIFY MEDICAL EXAMINERS P.M. 19 MEDIC 21d INJURY OCCURRED 211 LOCATION ā 21e PLACE OF INJURY AT HOME STREET FACTORY OFFICE, FARM, ETC.) CITY OF TOWN STATE WHILE NO! WHILE AT WORK 220.1 certify that (1) (this haspital) attended the deceased fram saw the deceased alive an ___ ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not view the body ofter death. 22b. SIGNATURES DEGREE 22c. DAJE SIGNED ATTENDING Should be deto MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS MPORT 230 BURIAL, CREMATION, REMOVAL 236 DATE 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION 10/21/85 Arbutus Mem. Park Burial MD BP. Baltimore 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 25L REGISTRAR'S SIGNATURE DHMH - 16 50M 1/81 Um. C. March Dy. ADRIDIE: Worth (VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

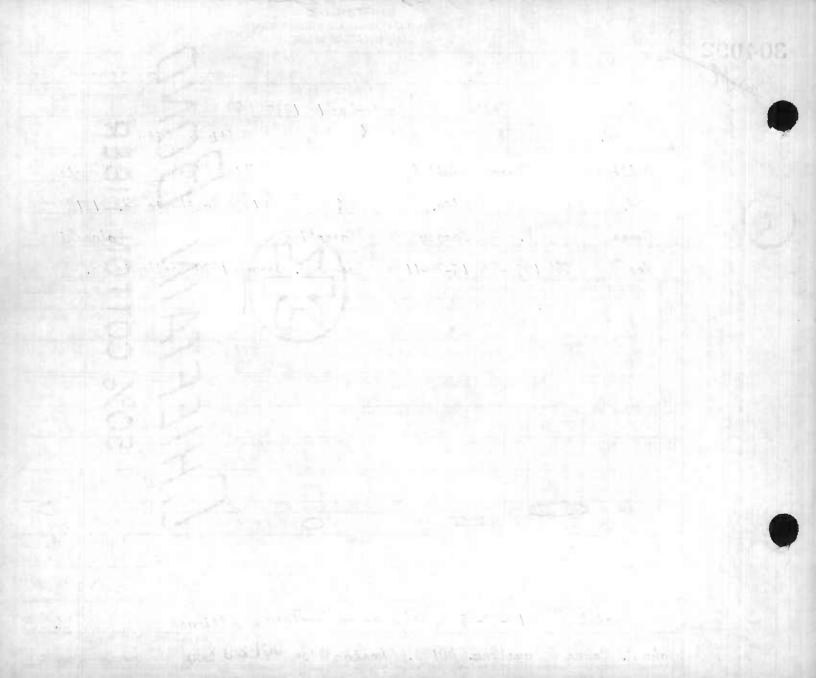
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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-		CEASED NAME FIRST	WIDDLE			AST	20. DATE OF DEATH	MONTH DA	DAY YEAR 26. HOUR		
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		BURIAL, CREMATION, REMOVAL	236 DATE			EMETERY OR CREMATORY	23d LOCATION		COUNTY	A. STATE	
		Bureal	10-30-	.85 Ho.	Ly Ro	sary Cemetery	Bultimor	e		Md.	
	24 FL	UNERAL DIRECTOR	6 0	/ADDRESS /	(1)	ester St. 250. DAT	REC'D. BY REGISTRAR	56 REGISTRA	AR'S SIGNATI	JRE	
	10	hn"M. Weber &	ا-را محددات المنه	handelle.							

DHMH - 16 60M 7/84 (VRA 15, 4)

should be detached for use as the burial-transit permit. Then pleas with the State Dept. of Health and Mental Hygiene prior to burial,



FOR

310098

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DECEASED NAME 1903 NODE 1919 Berthold William BOTHE OCTOBER 31, 1985 10.45 SET 1919			REGISTRAR		CERTIF	ICATE OF I	DEATH	REG. NO	D				
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278 I certify that (I) (this hospital) attended the deceased from		ĕ		218 PLACE OF INJURY				CITY OF IOV	a/Ni	COUNTY	STATE		
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DEGREE 226 SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN 226 ADDRESS 227 PHYSICIAN'S NAME (TYPE'OR PRINT) 228 ADDRESS 228 ADDRESS 229 ADDRESS				A 1 7 /1	201	07 /5			19		- ''' '		
DATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN 21206 PHYSICIAN'S NAME (TYPEOR PRINT) 220 ADDRESS 221 ADDRESS 222 ADDRESS			obove, (I) (we) (did) (did no				opinion c	seom occorred on the do	ne ona noor a				
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Theodore M. Bayless; MD. 600 N. Wolfe Street Balto., Md. 21205			224 PHYSICIAN'S NAME (TYPE'C	OR PRINT)					See Tory	/	/		
22. NAME OF CEMETERY OF CEMETER OF CEMETERY OF CEMETER			Theodore M. B										

TO FUNERAL DIRECTOR. After this certificate has

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT: If Irem 2

CREMATION

Green Mount Cemetery

Baltimore, Maryland

STATE

24 FUNERAL DIRECTOR 21222 WALTER BROOKS BRADLEY INC., BALTO., MD

NOV 04 1985

BY REGISTRAR 256. REGISTRAR'S SIGNATURE

in the state of

STATE OF MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4)

ZERRIZ . / Ealthmans | Union Mamorial Hospital | Forsonial Lapt. saver eron. Brito, .eve sasuadea A a T to odPiE Yes www. To take a sale year. Command. Banan, Ballia and we had a next perhaps and op May their John W. Sawie, No. 1 Union Wentink Rospital, Sabra, JAND Buntal 19/11/35 Green Mount Hanne M. Jerstines & Sons Co. ASSE YORKURDER BENGO., NO. 1 21213

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ALTIMO AFER SIVE PA TH FOR MOES		{YE	AS DECEASED S. NO, OR UNKNOW NO	EVER IN U.S. AF	RMED FORCES? E WAR OR DATES}		-10-274		Mrs.I		ea E	lowers	sox, B	05 H	aywa nore	ard A	ve.
, 201 W. PRESTON ST. CUTED WITHIN 24 HOLE IN PENCIL IN FEM. IS EXAMINER ALCNE EX	ION, OR REMOVAL		Conditions gave rise	IMMEDIA , if ony, which to immediate toting the under	DUE TO, OR	Sunsh AS A CO	NSEQUENCE	OF	head			(ha	ndgun)		BET	ween onset	I AND DEATH
S APERS	AL, CREMATION,	NOI			CONTRIBUTING TO DEATH	BUT NOT RE	LATED TO THE TERM	AINAL DISEAS	SE OR CONDITION	GIVEN IN PAI	BT 1 (a)						
VITAL RI SHOULD VORD "PE CHIEF A BE USED."	5 3	CERTIFICATION	19a. DATE OF C	PERATION	198 COND1	TION FOR	WHICH OPER	RATION V	VAS PERFOR	MED?						AUTOPSY?	NO X
ON OF IFE WITTO THE WOULD B	PRIOR TO BU		UNDERLYING	XOR	DEATH 9:15P.M	MONTH 10		5 5	ow MUURY Self i			NATURE OF IN	JURY IN ITEM 18	PART) OR P	ART 2)		
DIVISI HIS CERT WRITING ARDED	21201 PRIC	MEDICAL			21e PLACE O STREET, FACT hon	TORY, FARM,			CATION STREET)5 Hay	ward i	Ave.	Balt		C	YTHUC	, II-	STATE
MEDICAL EXAMINER. THE CRITIFICATE VICE 4 SHOULD BE FORW FUNEAL DIRECTOR PY	ACRE, MARYLAND,			Cours	ge of the remains des	Accident	3 m	Autop	Homic	Inspection ide . PECIFY) istan	Under	Inquiry	anner ,	DATE SIGN		10/8/	85
07/84 BP	45	23a.Bl	IRIAL, CREMATION OF THE CONTROL OF T	ON REMOVAL		736	NAME OF CER		OR CREMATO	DRY	23d LC	CATION			"Mar	rylan	đ ^t

DHMH - 17 (VR A15 ME (5))

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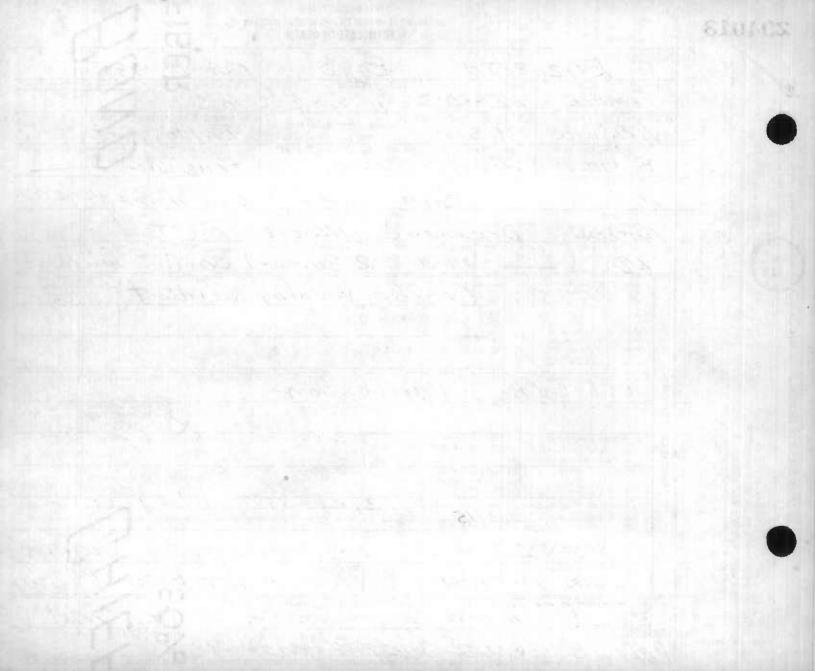
Owings Mills, Maryland

250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE

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	A STATE OF THE STA			
Mail Contraction				
5208 depuese Avance 21215				ana Acada
10.100	50.25			end own
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Column Mills, hearthand the wife will will will with the

294013		1 -	FOR STATE REGISTRAR	DEPAR	TMENT OF	E OF MARYLAND IEALTH AND MENTAL HYO ICATE OF DEATH	REG. NO	704	y
or, page 3			EASED NAME FIRST	A BETH	S. DATE (J985	
er deoth. Page te funeral directe within 72 hours o	33	70. BIF	THPLACE (STATE OR FOREIGN DINTRY) Y OR TOWN OF DEATH		WIDOWI	D D DIVORCED DO OTHER INSTITUTION	9. BALTIMORE CITY OR BOAT TO	s., cit1	MD.
YLAND 21201 thin 24 hours off ely filled in by the	5	13a. S	Balto- L RESIDENCE IN NURSING HOME OF TATE 136 COUT	HOPKINS ROTHER INSTITUTION, GIVE RESIDENCE BEF	ORE ADMISSION)	134. INSIDE CITY LIMITS? YES NO [13e STREET ADDRESS /	ZIP CODE	21213
on ond complete.	00		AS DECEASED EVER IN U.S. AR	Drummos RMED FORCES? 166 SOCIAL SE VE WAR OR DATES 2/6-30		Macse 17 INFORMANT 2 Samuel	But Boyo	75 2725 Mu	
201 W. PRESTON ST., es that the death certificated by the attending physis please remove carbon paper unio, ar remova			Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSECTION OF TO CONDITIONS CONTRIBUTING TO	ELDYO QUENCE OF	- Vascula	A accide	ent 1	NAMATE INTERVAL NONSELAND DEATH
VITAL RECORDS, N: The low requir ysicion. icote hos been sig ronsit permit. Then Hygiene prior to b		CERTIFICATION	OLD CV	196 CONDITION FOR WHA	1pers	ension.	200 AUTOPSY? YES NO	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES IN ITEM 18 PART 1 OR PART 2	DINGS USED ES OF DEATH?
SICIA ng pł certif uriol-t	1	MEDICAL C	OR CONTRIBUTING CAUSE OF DE JIF EITHER MOTIFY MEDICAL EXAMINE 21d IN JURY OCCURRED WHILE NOT WHILE AT WORK		19	211 LOCATION STREET	CITY OR TOW		STATE
ITAL OR ATTEND by the hospitol or RRAL DIRECTOR: 6 detoched for use store Dept. of Heal	and it is the mem of its in		saw the deceased alive or	ot) view the body offer death.	0	nd that in (my) (our) opinion DEGREE M. D. ATTENDING PHYSICIAN (121e ADDRESS	death occurred on the do	22c. DAT	that (we) last the couses stated TE SIGNED
TO HOSPIT TO FUNER should be with the St		(KHIN 1	M. TUN.	-	1006 7	23d LOCATION CITY DILLOWN BOX	to., country	7 C/STATE
DHMH - 16 50M 4/1	33	24. FL	NERAL DIRECTOR	ADDRES ADDRES	2/17/	Pros to 250. DA	TE REC'D. BY REGISTRAR 7	15b. REGISTRAR'S SIGN	ATURE



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST

FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

01062	1.	REGISTRAR			CERTIF	ICATE OF DEATH		REG. N	0.		
e 65		CEASED NAME FIR	RLES	MIDDLE	D	OYER		20. DATE OF DEATH	MONTH DAY	YEAR 85	26 HOUR 30
d coop	3. SE)		IA RACE	<u>_</u> ,	5. DATE C	/		AGE (IN YEARS LAST BIR	[O]	UNDER TYEAR	IF UNDER 24 HRS
ctor. p	3. SE	MALE		CIAN	MONTH	DAY VEAL		61		NIHS DAYS	HOURS MIN.
1 32 A M		RTHPLACE (STATE OR FOREK	76. CITIZEN OF	WHAT COUNTRY	? 8	NEVER MARRIE	p 🗆 9	BALTIMORE CITY C		FDEATH	Tell()
al	Mis	souri	IL.S.	A	WIDOWE	D DIVORCE	D 🗆	BALTIM		CIT	MD.
11/3	B	alfinore (?	South	HOSPITAL, NURSI	ING HOME C IT ADDRESS) REGY	u. Hospa	1.0	20 USUAL OCCUPATE (TYP) OF WORK FOR MOST O Machinist		12b. KIND OF INDUSTRY Beth.	Steel
tilled in	130 S		ME OR OTHER INSTITUTION COUNTY altimore	GIVE RESIDENCE BEFO 13c CITY OR TOV Dundal	WN	13d INSIDE CITY LIMI YES NO K		30 STREET ADDRESS		venue	21222
1 110	IA FA	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDE	EN NAME	E MIDDLE			
11/200	/	William		BOYE	K	MAG	991E		THE THE	Boy	ER
18 30		VAS DECEASED EVER IN U	I.S. ARMED FORCES? YES. GIVE WAR OR DATES)	166 SOCIAL SEC		17 INFORMANT		ADDRI	SS		
1: 6	Ye		WW II	4917-18-	2870	Henrietta	C.	Boyer	Same	as 13	
4815		18 CAUSE OF DEATH (ER	nter only one cause pe	r line far (a), (b), a	nd (c)					BETWEEN O	NATE INTERVAL NSET AND DEATH
0000 ph			AEDIATE CAUSE (a)	cardi	opula	NONARY	ar	rest			-//
10 0 0 H			DUE TO, C	OR AS A CONSEQU	JENCE OF					10	4/2
4 4 4 4		Canditions, if any, wh gave rise to immedia		ACUT	E 1	ANCREAT	111	5		10	1000
4111		cause (a), stating t	the DUE TO, C	R AS A CONSEOU	JENCE OF					V	~
the state of			<u>ast.</u> ((c)_		,						
B 4 0 0	z	PART 2 OTHER SIGNIFIC	ANT CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE	E TERMIN	NAL DISEASE OR GON	DITION GIVEN	IN PART 1:a	
159 500	ATION	19a DATE OF OPERATION	I ISE CONF	DITION FOR WHIC	HOPERATIO	N WAS PERFORMED		200 AUTOPSY?	120h IF YES V	WERE FINDING	CSHSED
0 2 2 5	FICAT	10-22-89				TITIS.			IN CERTIFYII	NG CAUSES	OF DEATH?
2 1 2 2 7	ERT	210. ACCIDENT WAS UNDERLY	7 7 0		CKC14		CCURRE	D (ENTER NATURE OF INJU	YES A	-	NO 🗌
# ### /	12	OR CONTRIBUTING CAUSE	FOF DEATH HOUR A	.M. MONTH							
A Walter	Dic	(IF EITHER NOTIFY MEDICALE)		OF INJURY	19	211 LOCATION					
# 2 p p	M	WHILE NOT WHILE	(AT HOME ST	IREET, FACTORY, OFFICE	FARM, ETC 1	STREET		CITY OR IC	WN	COUNTY	STATE
Ahr mort mort		220 I certify that (I) (this	haspital) attended t	he deceased from	10-	2-2- 10	35	10 -	-23 10	85	hat (D(we) last
MA TOR	14	sow the deceased a	live an 10-3	13 - 19	0/-	d that in (my) our) ap	pınian de	eath accurred an the d	ate and haur a	nd from the c	auses stated
Med Sec		TTA SIGNATURE	did nat) view the bady	y after death		DEGREE	Te i			22c. DATE S	IGNED
4 4004		Kwan	e- 11	- Kin	Tus)	ATTEND		MEDICAL STA	FF TAN TOX	10-2	3-85
A Paragraphy		224. PHYSICIAN'S NAME	TYPE OR PRINT)	, cun		22. ADDRESS					- 07
A the		KWANG "	N. KI	M.M.	D	15001- X.F	MAN	OVER St.	Balt	incor o	21230
£ 241 8+		URIAL, CREMATION, REM	OVAL 23b. DATE	73c	NAME OF C	EMETERY OR CREMAT	TORY	23d LOCATION	1000		, - , -
P	(specify) rial	10/25/			Ht. Of Jes		Dundalk	Balti	more	Marylan
AH - 16 60M 7/84		INERAL DIRECTOR Dud		iC.				REC'D. BY REGISTRAR	25b. REGISTRA	R'S SIGNATU	
(VRA 15, 4)		22 Wise Aven		lalk, Mar	yland	21222	CT	2.4 1005	To The	13000	Papp 19

7922 Wise Avenue

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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CE	RTI	IFIC	AT	E OF	DEA	TH	

ı	REGISTRAR			CERTIF	ICATE OF DEATH		REG. NO				
ľ	1 DECEASED NAME FIRST	WIDOL	E	l l	AST	20 DATE	OF DEATH M	NONTH C	DAY YEAR	20 110011	
١	MARGI	TRET	E.	BE	ADBEER	-03	1	0	3 8	5 5 1c p	М
Ì	3. SEX .*	4 RACE		5. DATE C		6 AGE	IN YEARS LAST BIRTH		IF UNDER 1 YE		_
l	Female	White		Nov.		8	39	YRS	IONIAS	15 HOURS MIN	
1	78 BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHA	AT COUNTRY?	8 MARRIE	NEVER MARRIED	9 BALTIA	MORE CITY OR	COUNTY	OF DEATH		
I	Georgia	U.S.A.		WIDOWE			ltimor	e Ci	ty	N	۱D
Ī	10 CITY OR TOWN OF DEATH	11. NAME OF HOS			R OTHER INSTITUTION		AL OCCUPATION			D OF BUSINESS O	R
	Baltimore				nic Hosp.		nemake:			n Home	
1	130. STATE 13b. COUL Maryland Bal	NTY 13c	CITY OR TOW Essex		13d INSIDE CITY LIMITS		T ADDRESS / D Ashb:			. 21221	
1	M FATHER'S NAME	MIDDLE	LAS1	1	15 MOTHER'S MAIDEN	NAME	MIDDLE				_
9			older		Maggi	e	E.		Schr	nidt	
1	160 WAS DECEASED EVER IN U.S. AR		SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRES	SS		1221	_
-	(YES NO OR UNKNOWN) (IF YES GIT	VE WAR OR DATES)	12-74-	4045	C. Marti	n Webe	er 42	Helr			
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS									
١	PART 2. OTHER SIGNIFICANT	CONDITIONS CONT	RIBUTING TO D	EATH BUT	NOT RELATED TO THE T	TERMINAL DISE	ASE OR COND	ITION GIV	EN IN PAR	1110	7
	210 ACCIDENT WAS UNDERLYING	196 CONDITION	N FOR WHICH	OPERATIO	N WAS PERFORMED	20a Al	UTOPSY?		YING CAU	NDINGS USED SES OF DEATH?	,
		AIR	IJURY MONTH DA	Y YEAR	21c HOW INJURY OCC	CURRED (ENTE	r nature of injury	Y IN ITEM 18 PA	ART I OR PART	2)	
	OR CONTRIBUTING CAUSE OF GE (IF ETHER NOTHY MEDICAL EXAMINE 21d INJURY OCCURRED AT WORK AT WORK AT WORK AT WORK	21e. PLACE OF II		ARM, ETC.)	211 LOCATION STREET		CITY OR TOW	M	COUNTY	STATE	
	220 Lecrify that (1) (his hasp saw the deceased alive or above, (1) (4) Gia (did no	10/3	3 198	.5 .5 or	id that in (my) corropin	nion death occu	urred on the dot	te and hour	ond Irom	, that (I) (ii) lo the couses stated	ist
	22b SIGNATURE MLC	S. Don			DEGREE ATTENDING PHYSICIAN		AL STAFF		22c DA	ATE SIGNED	
1	27d. PHYSICIAN'S NAME (TYPE	OR PRINT)		(1	22e ADDRESS		The state of				

Tyrone Union

21214

FRANCIS SCOTT KEY

23d LOCATION
CITY OR TOWN
Tyrone,

Schuyler, N.Y.

RAGISTRAR'S SIGNATURE

DIVISION OF VIT AL RECORDS, 201 W. PRESTON ST

MICHAEL SI DONNENBERG

6009 Harford Rd., Balto., Md.

Oct. 7,1985

ROBERTECOR ALTENBURG FUNERAL HOME, INC.

230 BURIAL, CREMATION, REMOVAL Burial

DHMH - 16 60M 7/84 (VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

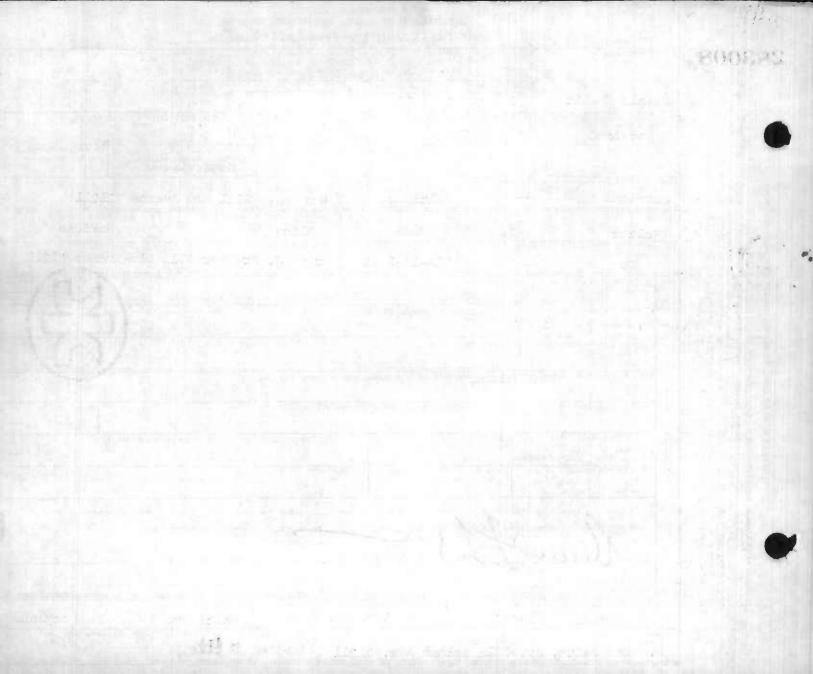
288083	1.	FOR STATE REGISTRAR	DEF	ARTMENT OF H	OF MARYLAND FALTH AND MENTAL HYGI CATE OF DEATH		27	5 2
oge 3 death	Trini	CEASED NAME HIRST HI		Bran	Brand	104	85	YEAR 26 HOUR
1	3,58	F	RACE W	5. DATE O	F BIRTH DAY YEAR YEAR	6 AGE (IN YEARS LAST BIR	YRS.	DERTYEAR IFUNDER 24 HRS.
1 /2/		Germany	U. S. A.	MARRIED		Baltimore city o	ore co	tej MD.
1 190	B	Himore City.	NAME OF HOSPITAL, N	Den o	ROTHER INSTITUTION	Secret		office
35		TATE 113h COUNT			134. INSIDE CITY LIMITS? PYES NO X		zip code imothy'	s Lane 212
123	1	Paul	Schro	eter	Ilse	MIDDLE	Be	erthold
LE ALLE	1				Isle Tauck	221 17 1	Forest	St 152
ng physical control of the control o		R CAUSE OF DEATH Enter only PART I DEATH WAS CAUSED IMMEDIATE	BY. MIT	stati	colon c	A.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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quiens Sepred Then pla to burn squry, o	NO	PART 2 OTHER SIGNIFICANT CO	onditions <u>contributing</u>	G TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN IN	I PART I (o
The second	TIRCATI	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION	N WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, WER IN CERTIFYING YES	RE FINDINGS USED CAUSES OF DEATH?
SCLAN TO PHYSIC OF THE STATE OF	CAL CES	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	H DAY YEAR	21c HOW INJURY OCCURRI	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I O	R PART 2)
other that of the band M and M orked or	MEDIC	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY O	PFFICE FARM, ETC.)	211 LOCATION STREET	CITY OR 10	wn c	OUNIY STATE
ATTENDIO OSPITED OSPIT		22a I certify that (I) (this haspite saw the deceased alive an above, (I) (we) (did) (did not	Oct 3	19_85, an	d that in (my) (our) apinion d	, taC		
That OF the hand of the hand of the hand of the hand of the hand of		3 aida f	Tenno		ATTENDING PHYSICIAN	MEDICAL STAF	FIL	10485
TO HOSPIT TO FUNES should be with the 55	22- 6	Warday. C	lemnous	Im Nuis os o	611 185 0	lunles	st.	
ВР		gurial, cremation, removal tremation	10-4-85	Securi	ty Process	23d LOCATION CITY OR TOWN	/ille	Md 21228
DHMH - 16 60M 7/84 (VRA 15, 4)		UNERAL DIRECTOR Semation Soci	Catonsy	ille, N	Id 21228 25a. DATE	REC'D. BY REGISTRAR 1 0 1985	25b. REGISTRAR'S	SIGNATURE



4		_	ems 18	-22a 1/7	7/86	mtb F	#611 DEPART	STA MENT OF	HEALTH	AARYLAN I AND M	ND ENTAL H	YGIEN	F	2	7	0	5	ڻ	
301	1011		REGISTRAR			ME	DICAL	EXAMI	NER'S	CERTIFIC	CATE	OF DEA	TH	REG	, NO.				
2			EASED NAME OR PRINT)	FIRST			WIDDLE			LAST			20 DATE	KNOWN	1 X M	HTMO	DAY	YEAR	26 HOUR
2.	ET, ET,	1	· On Thirty	Micha	el				Br	aswel:	1		OF DEATH	ESTI- MATED		10/2	22/19	85	A
4	IS NECESSARY, PLESSE E FUNERAL DIRECTOR. E 5-COR YOUR FILES. ED WITHIN 72 HOURS I W. RRESTON STREET,	J. SEX	PALE	NEGROL	5. DAT		YEAR -66	6 AGE (INY LAST BIRTH			IF UNDER	R 24 HRS. MIN.	2r DATE PRONOU! DEAL	NCED	M	10/2	DAY 22/19	YEAR 85	17 HSU
1	SSAL RALL KALL KALL KALL KALL KALL KALL KA		RTHPLACE (S'	IATE OR		IZEN OF W		TRY?	8 MARR	IED NE	VED MADD	IED 🗷	9 BALTIA	AORE CIT	YORC				
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	AY IS NE PUTHE FULLED AND WAS A SE SOI WAS A	10 CI	Y OR TOWN	OF DEATH		AME OF HOS		RSING HON		ER INSTITU	TION		AL OCCU		(TYPE OF	WORK 12	M KIND	OF BUS	INESS
	-10 m 61 m	1	Balti	more	J	ohns F	lopkir	ns Hos	pital				la b		-		and the last of th	Wie	try
1201	AND 3 TO RETAIN SHOULD B. RECORDS	13a. S1		(IF IN NURSING HOME		INSTITUTION, G		OR TOWN	SION)	13d INSIDE C			EET ADDRI			01.	5	47	2120
9	THE STATE	_	THER'S NAME					SCI / C		15. MOTHE		EN NAME	× / /	Ju.	6	1			
N. M.	THE BEET	1	FIRST	ul	BAIDDLE	es we	11	S'r.		F	1RST Ar	e +1	ia '	AIDDLE	20	1,1	1 Cas	ms	
	H FORM H FORM H FORM H FORM H FORM H FORM		AS DECEASE	DEVER IN U.S. A	RMED FO			- 76 -	1881	Are:		Br	2510	ADDR	ESS 172	18	arc	ley	157
201 W. PRESTON STS	TIED WITHIN 24 HESTER N PENCIL IN ITEM 18 CYMMINES ALCING WIT AL TRANSIT PREMIT MENTAL HYGIENE DI NIL OR REMOVAL.		PARTIDE Canditian gave ris	ns, if any, whic ie to immediat stating the <u>unde</u>	ED BY: ATE CAUS	SE (a) DUE TO, OR (b) DUE TO, OR	AS A CON	SEQUENCE	OF	order	1						APPRO BETWEE	OXIMATE II	NTERVAL AND DEATH
ECORDS.	NEDICAL E WEDICAL E AS A BURI ALTH AND CREWATIO	NOI	714	GNIFICAN) CONDITION	S CONTRIBU	(c)	BUT NOT RELA	TED TO THE TER	MINAL DISEAS	E OR CONDITIO	N GIVEN IN PA	ART 1 (a);							
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DIVISION OF	ERTHICATE S TING THE WO ED TO THE O 3 SHOULD BE DEPARTMENT PRIOR TO BU	CALCER	UNDERLYING	L CAUSE WAS OR NG CAUSE OF		HOUR A.M	. MONTH	DAY YEA	R 21c. H	OW INJURY	OCCURRE	D (ENTER	NATURE OF IN	JURY IN ITEA	A 18 PART	1 OR PART	2)		
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•	DICAL EXAMINER: IF THE CERTIFICATE IS THOUSE OF SOME BEATH WITH THE S ONE MARYLAND,		ACTUAL SIGNATURE	NAME	ural cause	X	Accident	Y s	vicideM	Hamic TITLE (S	istar	Undete	Inquiry ermined mo	anner _],	my apin		/23/	/85
	PAGE BALTH	23e BI	TYPE OR PRI	HON-REMOVAL	-	R. Ka		NAME OF CE		ADDRESS_			CATION	/					
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23/4	DHMH - 17 (VR A15 ME (5))	24 FL	NAME A VIN	B. Scr	ruge	ADDRESS	412.	E. Pr	es to	754	250. DATE	CT 2	4 98	5 256	EXISTR	MAN	PATUR	rende	M.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFIC REGISTRAR DECEASED NAME 20 DATE KNOWNXX MONTH 2b. HOUR (TYPE OR PRINT) OF ESTI-R. ARY, PLEASE DIRECTOR. OUR FILES. V72 HOURS DEATH MATED Doris Breiner 10 - 61985 3 SEX 4 RACE IF UNDER 1 YR 5. DATE OF BIRTH & AGE (IN YEARS IF LINDER 24 HRS DATE 24 HOUR 10:15 5 AST BIRTHDAY PRONOUNCED Female White 16 20 65 1085 DEAD 10 - 6a. M FUNERAL 5 FOR YC TO BIRTHPLACE (STATE OR 7b CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED A FOREIGN COUNTRY) NEVER MARRIED USA Maryland Baltimore City DIVORCED PAGE 5 FILED, ID. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE)
Housewife OR INDUSTRY 3711 Elm Avenue Baltimore RETAIN PA SUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSIONI 30 STATE 136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 3711 Elm Avenue Maryland 21211 Baltimore 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME ALIDO E FIRST MIDDLE Hoffman Hood Alice Walter 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16h SOCIAL SECURITY NO ADDRESS IYES, NO. OR UNKNOWN) Frank J. Breiner 3711 Elm Avenue 21211 214-14-3444 No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY AN CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, 201 PARE 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 19a. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [NO XX 3 SHOULD BE DEPARTMENT BU 210 EXTERNAL CAUSE WAS 216 TIME OF INTURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 21e PLACE OF INJURY EATHOME. 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWAR TO FUNKEL DIRECTOR: PAGINER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120 Inquiry XX 220. I certify that I taak charge of the remains described above, held an Autapsy Inspection and in my apinian Hamicide Natural causes Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 10 - 6 - 85EXAMINER'S NAME Dennis F. Smyth, 111 Penn St., Balto., Md. 21201 M.D. (TYPE OR PRINT ADDRES: 23a. BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Maryland 10/8/85 Lake View Mem. Park Burial Baltimore BP 07/84 25M 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** A. Alan Seitz, Jr. 3818 Roland Ave. 21211 (VR A15 ME (5))

STATE OF MARYLAND



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20 1	5은독호류//	3. SE)		RACE	S DAT	E OF BIRTH	YEAR	6. AGE I'N YE			IF UNDER	R 24 HRS.	2c. DATI		4ÓM	NTH D/	AY YEAR	3:57
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W	SUSSECUE		George		P.		В	rewster	,	Ed	lith			MIDDIL.		(unk	(nown)	
BALTIMORE, MD	X A O IS A	16a. V	VAS DECEASED					CIAL SECURIT		17. INFORM			-	ADDR		10.1	G	1011
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	2 @ ≥ F. O		18 CAUSE OF	DEATH (Enter	only one c											8	APPROXIMAT	E INTERVAL T AND DEATH
PRESTON ST	ITEM 18. LONG W PERMIT. GIENE, D		PARTIDEA	ATH WAS CAUS	IATE CAU	SE (o) Ar	teri	osclero	otic (Cardio	ovasc	ular	Dise	ase				
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DIVISION OF VITAL RECORDS, 201	D BE EXER ENDING' MEDICAL AS A BU EALTH AN CREMAT	MEDICAL CERTIFICATION													24			
At R	SPAL REPLACED	\vec{\delta}{2}	19a. DATE OF	OPERATION	F. 50	196 CONDI	TION FOI	WHICH OPE	RATION W	AS PERFOR	MED?					20	. AUTOPSY	?
E V	S S S S S S S S S S S S S S S S S S S	RT	210 EXTERNA	CALICETALAS		ALL TIME OF	P & LUIDA		Ta								YES 🗌	ио Х
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	E, WRI'RWARD RWARD: PAGE STATE!	1	AT WORK	AT WORK		====						111						
	NER: IHIS CERT CATE, WRITING FORWARDED FOR: PAGE 3 SH THE STATE DEPA AND, 21201 PRI	17	22a certif	y that I took cho	orge of the	remoins des	scribed ob	ove, held on	Autops	y	Inspection	X,	Inquiry		ond in m	y opinior	n	
	EXAMINER: CERTIFICATI ULD BE FOR DIRECTOR: (, WITH THE () MARYLAND)		death resulte	d from No	tural caus	es X.	Acciden	si L., Si	vicide .	Homic	ide .	Undet	ermined m	nonner],			
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	₹#₹¥##		SIGNATURE_		-	X	17		M.	ASS1	ıstan	t_MED	ICAL EXA	MINER		ATE GNED_	10/9	1/85
	WOE STEEL		EXAMINER'S	NAME C.		Ce		3.5	-			777	D	0.				
	EXECUTE THE OF PAGE A SHOULD FOR EXECUTE THE OF TO FUNERAL DATER DEATH, N BALTIMORE, M	-	(TYPE OR PRIN					man, M		DDRESS_			Penn	St.				
	- w 2 - 4 0	230 B	URIAL, CREMAT					NAME OF CE					OCATION			COUNTY	_	TATE
07/84 25M	BP	24 E	Cremat		110/	10/85	G	reenmou	int Ce				REGISTR.		ECISTRA		iaryla	nd
	DHMH - 17		NAME			ADDRESS				200							Panda 29	
((VR A15 ME (5))	A.	Alan S	eitz. J	r.	3818 R	olan	d Atro	27277		OCT	1 1 1	1005	was	A ANSWALL	EC) DO TO	Markon	

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2	1	0	10	0

	1	REGISTRAR		6	CERTIF	ICATE OF DEATH	REG. NO)		
1		CEASED NAME FIRST	A	MIDDLE		AST			DAY YEAR	26 HOUR
	11176	Jerome	2	В	risc	oe	October	25,	1985	_ M
	3. SE>		4 RACE		5 DATE C		6. AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER 1 YEAR	
	77	Male	Bla	ck	MONTH 8		5	6 YRS	MONTHS DATS	HOURS MIN.
1		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8 MADDIE	D NEVER MARRIED	9 BALTIMORE CITY O	COUNT	Y OF DEATH	
5		Baltimore	U.S.	Α.				re Ci	ity,	MD.
	10. CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATION			OF BUSINESS OR
0	Ва	altimore		Kimble	-		THE OF WORK FOR MOST O	***************************************		todian
-	USUA 13a S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU		GIVE RESIDENCE BEFORE		113d INSIDE CITY LIMITS?	13e STREET ADDRESS /	7IP CODE	-0275 4	710
4	Ma	aryland		Baltim		YES X NO	3901 Kimb			48
		THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME		LA	
F		Jerome	THOUSE.	Brisc	coe	Florence			Berr	
6		VAS DECEASED EVER IN U.S. AF	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS		
		yes		212-24-	8855	Karen Hor	n 3901 K	imbl	e Rd.	21218
		18 CAUSE OF DEATH Enter of	nly one couse per	line for (a), (b), on	dich		,		APPROX BETWEEN	ONSET AND DEATH
		PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (o)	Cardio	respi	iratory arre	st		MI	auter
	7.7	THE PERSON NAMED IN	DUE TO, OI	R AS A CONSEQUE	NCE OF				1	
		Conditions, if ony, which gove rise to immediate	(b)_	probal	200	arcinoma of	lung		14	RAT
		couse (o), stoting the	DUE TO, OF	R AS A CONSEQUE	NCE OF	1.	Q			
		underlying couse lost.	(c)	CIBAR	ette	Smoking,			J V6	90
	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AMAL DISEASE OR CON	OITION GIV	VEN IN PART 1	0
	110		relitie	penche		A 1971 - 1997 - 1997	ease	Teas of the		
7	CERTIFICATION	190 DATE OF OPERATION	196 CONDA	HION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		S, WERE FINDI	
	RTII	210. ACCIDENT WAS UNDERLYING	7 216 TIME O	5 15 11 10 2	100	Tar. How himsy occur	YES NO		ES 🗍	NO 🗆
7		OR CONTRIBUTING CAUSE OF DE		M. MONTH DA	YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 F	PART I OR PART 2)	
-	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE			19	211 LOCATION				
	MEC		21e. PLACE (EET, FACTORY, OFFICE F	ARM, ETC)	STREET	CITY OR TO	NM	COUNTY	STATE
		AT WORK NO1 WHILE	. 1 1 1 1		A.		O at	75		
		220.1 certify that (I) (this hasp		e deceased from	7	nothot in (my) (our) opinion	death occurred on the do	to and have	19 S,	that (1) (we) lost
		22b. SIGNATURE	the body	after death		DEGREE	ocom occorred on the ac	16 0110 1100	22c. DATE	
	35	In sicilation	8/18	18		ATTENDING	MEDICAL STAF	FAI	10/	7 CK
H		22d. PHYSICIAN'S NAME (TYPE	OR PRINTI	2/11		PHYSICIAN [27e ADDRESS	DIRECTOR PHYSIC	ANI	100/	20/02
		Allon	1.1	ollarin	1)	1275.60	Dana Ct	Roll	4-2000	2/201
	23a B	URIAL, CREMATION, REMOVAL			AME OF C	EMETERY OR CREMATORY	123d LOCATION	100	THA MILL	0100
	- (SPECIFY) BURIAL	10-29				CITY OR TOWN	Mill	COUNTY	Marylan
		INERAL DIRECTOR	110-29		ARRI	SON FOREST	OWINGS TE REC'D. BY REGISTRAR			
		NAME .		ADDRESS			113T () ()			William P. B. Ballion

DHMH - 16 60M 7/B4 (VRA 15, 4)

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MPORTANT: If Hem 21 is

should be detached for use as the burial-transit perm with the State Dept of Health and Mental Hygiene pr

TO FUNERAL DIRECTOR

BP.

BURIAL | 10-29-85 | GARRISON FOR 124 FUNERAL DIRECTOR
Wm C March F/H Inc. 1101 E North Avenue

www.merrdoor-yorghede

Maryland

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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS CERTIFICATE OF DEATH

	REGISTRAR		~~	THE CALL OF	DENTIL	REG. NO			
	CEASED NAME	N	E B	ritta	in	2a DATE OF DEATH	D-3	1-85	16:45 A
1. SE	x /	4 RACE		ATE OF BIRTH	YEAR	6 AGE (IN YEARS LAST BIRT		FUNDER 1 YEAR	HOURS MIN.
	FEMALE	BLACK		JAN. 27	1924	61	YRS		
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY? 8	RRIED NEVER	ALABBIED []	9 BALTIMORE CITY O	R COUNTY	OF DEATH	
	MARYLAND	US of	P A		DIVORCED A	BALTIM	ORE CI	TY	MD.
10 C	BALTIMORE	(IF NOT IN SUCI	HOSPITAL, NURSING HOL HEACILITY, GIVE STREET ADDRESS N SECOUR HOS	5)	STITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	WORKING LIFE)	12b. KIND C INDUSTRY PROC	ARSENAL
USU.	AL RESIDENCE (IF NURSING HOME O	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE ADMISS	ION)				1 - 200 0 1	
130 3	MARYTAND 136 COU	INIY	BALTTMORE	YES Y	NO	13e STREET ADDRESS /	MLTCO	ROAD	21209
IL FA	ATHER'S NAME	A 10 10 10 10 10 10 10 10 10 10 10 10 10	DALLLEGIE		R'S MAIDEN NAM		MULOU	TWAL	21207
	FIRST	MIDDIE	DUNLAP	W	ARTE	MIDDLE		DDA	ILEY
16a \	WAS DECEASED EVER IN U.S. A	RMED FORCES?	16b SOCIAL SECURITY N			ADDRE	SS	212	
	YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)			a unampo A		// ************************************		ICO ROAD
_	NO		578 32 1341	Mr.	LOUIS BR	eittain, Jr.	572		MAYE INTERVAL ONSET AND DEATH
CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT PART 2 OTHER SIGNIFICANT 198 DATE OF OPERATION	DUE TO, OR (c) GONDITIONS CC 196 CONDI	CHAIBM ING TO DEATH	DIF UND RELATION WAS PERF	Dia ORMED	200 AUTOPSY? YES NOTE	20b IF YES, IN CERTIFY YES	WERE FINDII	
10.75 CM	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE	216. TIME OF	h. MONTH DAY YI	EAR ZIC HOW	INJURY OCCURR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PAR	RT 1 OR PART 2)	
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE			19					
MED	21d INJURY OCCURRED	21e PLACE C	OF INJURY EET, FACTORY, OFFICE, FARM, ETG	211 LOCAT	ION	CITY OR TO	VN	COUNTY	STATE
The same	220. I certify that (I) (this hosp sow the deceosed alive or above, (I) (we) (did) (did no 22b SIGNATORE	n 0 -	30 19 80	ond that in (m		to 10 · deoth occurred on the da		ond from the	
		5-61			PHYSICIAN L	MEDICAL STAF	IAN 🗆		
6	DAR SHA	ORPRINI)	SALVJAI	1) 22e ADDR	DOMTI	LoyalAu	· Do	llo-	2/2/7
	BURIAL, CREMATION, REMOVAL	L 236 DATE	23c NAME	OF CEMETERY OF	CREMATORY	23d LOCATION		COUNTY	STATE
	BURIAL	11/5/8	5 ARBU	TUS MEMO	RIAL PAI		E (B	ALTO.)	MD.
24 FI	UNERAL DIRECTOR				25a DATE	REC'D. BY REGISTRAR	256. REGISTR.	AR'S SIGNAT	TURE
	LEWIS T. GWYN	IN 4517	PARK HEIGHT	S AVENUE	1	ANA N 4 108		- walled dio	i- Mandalle

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STATE OF MARYLAND

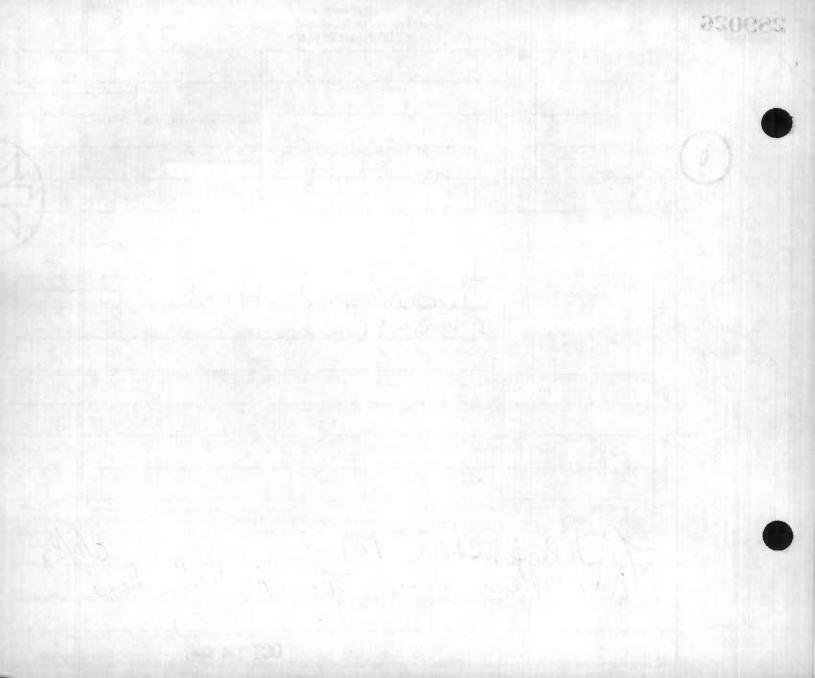
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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- 1		WE O'O'N W					REG. NO			
		CEASED NAME FIRST	WIDDLE	LAST	3 14 3		0 DATE OF DEATH	NONTH	DAY YEAR	25 HOUR
	,,	Edith	R.	Brocki	naton	200	1	0 9	85	M
9	3. SE)	X	4 RACE	5 DATE OF B	IRTH DAY	YEAR	AGE (IN YEARS LAST BIRTH	DAY)	MONING DATS	IF UNDER 24 HRS.
4	-	F	В	7	13	35	50	YRS		
5		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTS	MARRIED D	NEVER MA	RRIED -	BALTIMORE CITY OR	COUNTY	OF DEATH	
V		Md	USA	WIDOWED	DIVO	RCED [Baltimore	C	itv	MD.
1	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STI		THER INSTIT		2a USUAL OCCUPATIO			F BUSINESS OR
L		ltimore	3918 Libert		ot.T1		Disability	100	Provid	ent Hosp.
d		AL RESIDENCE (IF NURSING HOME OF			INSIDE CITY	LIMITS?	3e.STREET ADDRESS /	ZIP CODI	2/2	207
2		ryland	Balti		LA	0 🗆	3918 Liber	ty H	eights	Apt 1 1
	14 FA	ATHER'S NAME FIRST	MIDDLE LAST	15.	MOTHER'S A	AAIDEN NAMI	WIDDLE		LAS	Ţ
2	Jo		. Rice		Annie		ADDRES		Thre	eat
1		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)		INFORMAN			5		
		INO	1 217 - 34	-5288)Ja	ames A	Brock	rington ,			
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one couse per line for iai, (b). DBY	and id	DIK :	1. 1	_		BETWEEN	MATE INTERVAL ONSET AND DEATH
		IMMEDIA	E CAUSE (b)	30100	110	10171	11621			
		K-10.157119.	DUE TO, OR AS A CONSE	QUENCE OF	6 11 10 0					
		Conditions, if any, which	(b) 011	real (auce					
١		couse (o), stoting the	DUE TO, OR AS A CONSE	DUENCE OF						
		underlying couse lost.	(c)							
	z	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING	O DEATH BUT NO	T RELATED TO	THE TERMIN	IAL DISEASE OR COND	ITION GIV	VEN IN PART 1	0
7	MEDICAL CERTIFICATION	19a DATE OF OPERATION	19b CONDITION FOR WH	CH OBERATION IN	AS DEDECORA		20g AUTOPSY?	201 IE VE	S, WERE FINDIN	ICC USES
1	FICA	140 DATE OF OPERATION	THE CONDITION FOR WHI	ICH OPERATION W	AS PERFORM	NE D		IN CERTI	FYING CAUSES	OF DEATH?
	ERT	210. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	121	· HOW INTO	DV OCCUPE	YES NO		ES 🗌	NO []
1	10	OR CONTRIBUTING CAUSE OF DEA	LUDIUS AND MONITH	DAY YEAR	CHOW INJU	RT OCCURRE	D (ENTER NATURE OF INJURY	IN ITEM 18	PART I OR PART 2)	
	ICA	(IF EITHER NOTIFY MEDICAL EXAMINER		19						
	WED	21d INJURY OCCURRED WHILE NOT WHILE	21e. PLACE OF INJURY (AT HOME, STREET FACTORY, OFFI		LOCATION		CITY OR TOW	N	COUNTY	STATE
		AT WORK								
		22a. I certify that (I) (this hospi				19				that (I) (we) last
		22a. I certify that (I) (this hasping sow the deceased three on above 1) (we) (did no					, to ooth occurred on the dot		or and from the	
		22a. I certify that (I) (this hospi			not in (my) (o	ur) opinion de	oth occurred on the dot	e and hou		
		27a. I certify that (I) (this hosping saw the deceases give an obow 1) (we) (find) (did no		, and the	not in (my) (o	ur) opinion de	oth occurred on the dot	e and hou	or and from the	
		22a. I certify that (I) (this hasping sow the deceased three on above 1) (we) (did no	t) view the body offer death.	, and the	not in (my) (o	ur) opinion de	oth occurred on the dot	e and hou	or and from the	
		27a. I certify that (1) (this hasps saw the decease: glive an above 1) (we) (said) (did no	to view the body offer death.	2 . ond th	e ADDRESS	ENDING OF SICIAN D	MEDICAL STAFF	e and hou	or and from the	
		27a. I certify that (I) (this hosping saw the deceases give an obow 1) (we) (find) (did no	1) view the body offer ceoth. O SCA SAE 23b. DATE 2	, and the	and in (my) (o	ENDING OF MATORY	oth occurred on the dot	e and hou	or and from the	

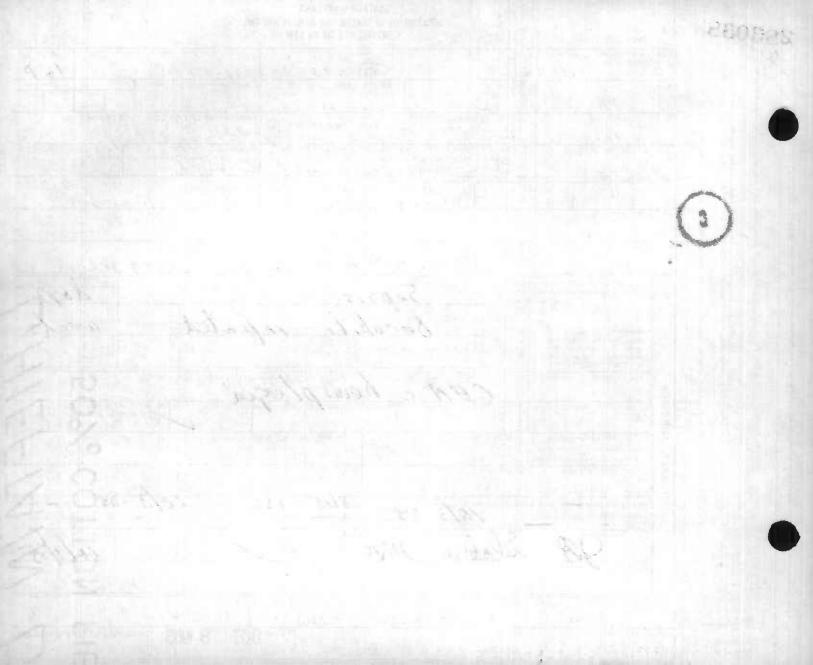
DHMH - 16 60M 7/B4 (VRA 15, 4)

William C. March F/H Inc West 300 Wabash Ave



3038	1	FOR - STATE REGISTRAR	DEI	CERTIFICATE OF DEATH	HYGIENE REG. NO.	
		CEASED NAME FIRST HAR	MIDDLE MIDDLE	Brooks	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
Page 4 may be director, page 3 hours offer death	3 SE		Th CITIZEN OF WHAT COU	5. DATE OF BIRTH MONTH DAT YEAR O2 O8 /S	6. AGE (IN YEARS LAST BIRTHDAY) 70 YRS. 9. BALTIMORE CITY OR COUNT	IF UNDER I YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
ter deoth he funerol within 72 fied at on		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	MARRIED NEVER MARRIED WIDOWED DIVORCED NURSING HOME OR OTHER INSTITUTION E STREET ADDRESSI	Baltimare 120 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING	MI MIND OF BUSINESS OR
in 24 hours of	13a.	LITIMORE TAL RESIDENCE 11 NURSING HOME DE STATE 13b. COUP	NTY 13 CITY O		1611 Thon	nas Ave
300	1.0	ATHER'S NAME LNKNOWN WAS DECEASED EVER IN U.S. AR	MIDDLE LA		MIDDLE	LAST
ion ond		(YES, NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATES) 214-0	13-4387 Anthony	Brooks 1611 Thom	APPROXIMATE INTERVAL BETWEEN CHISET AND DEATH
rertificate ng physici bonpoper removal.		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA)	nly one couse per line for (a), ED BY: TE CAUSE (a)	Sep515		BETWEEN CASET AND DEATH
hot the death the by the attendings remove conficemention, or other troumoff		Conditions, if ony, which gove rise to immediate couse [0], stating the underlying couse lost.	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c)		infested	weeks
ow requires been signed rmit. Then pl prior to buri	CERTIFICATION	PART 2. OTHER SIGNIFICANT (CHA	IG TO DEATH BUT OT RELATED TO THE	200 AUTOPSY? 200. IF Y	IVEN IN PART 1(0) ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?
SICIAN: The long physicion. certificate hos riol-tronsit per entol Hygiene Item 18 shows	10.0	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONT			YES NO
G PHY of this the bu	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	21f LOCATION	CITY OR TOWN	COUNTY STATE
TTEN of He of He		220.1 certify that (H-(This hasp sow the deceased alive or	(///)		nion death occurred on the date and he	, that the (we) los our and from the couses stated
OR be hor DIRE		27b. SIGNATURE A.	Glober.	MILO ATTENDIN PHYSICIA	NG MEDICAL STAFF	221. DATE SIGNED
TO HOSPITAL TO FUNERAL should be der with the Store		22d. PHYSICIAM'S NAME (TYPE	OR PRINT)	22e ADDRESS		
BP		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23b. DATE 10/9/85	236 NAME OF CEMETERY OR CREMATO Arbutus Memorial P	ark Arbutus	COUNTY STATE Md
DHMH - 16 50M 4/82 (VRA 15, 4)		UNERAL DIRECTOR 111iam C. March	F/H Inc West	4300 Wabash Ave	DATOCT BY RESIDES REGI	strans.signature/fander

STATE OF MARYLAND



00	2	04	2
28		poge 3	
	uth Page 4 may be	y filled in by the funeral director, page 3 should be filed within 72 hours after death	
1 1 1	Marin and a series	in by the fun be filed within	1
AND 21201	in 24 hours	y filled	-

(TYPE OR PRINT) 3 SEX BIRTHPLACE ISTATE OR FOREIGN ID CITY OR TOWN OF DEATH BALTIMORE WSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13a. STATE 4 FATHER'S NAME 160 WAS DECEASED EVER CERTIFICATION prior and Mental Hygiene Hem 18 MEDICAL ed or should be detached far use as with the State Dept. af Health MPORTANT BP. DHMH - 16 60M 7/84 (VRA 15, 4)

DIVISION OF

STATE OF MARYLAND FOR - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME LAST

LEO

White

76 CITIZEN OF WHAT COUNTRY?

4 RACE

136 COUNTY

Michael

MIDDLE

IN U.S. ARMED FORCES?

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE

DEPARTMENT OF HEALTH AND MENTAL HYG

BROOKS

MARRIED X NEVER MARRIED

YESY

17 INFORMANT

13d INSIDE CITY LIMITS? NO [

15 MOTHER'S MAIDEN NA

Dorothy Broo

Babette

YEAR

1910

DIVORCED [

5. DATE OF BIRTH MONTH

Feb

WIDOWED

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

UNIONMEMORIAL Hospital

Baltimore

166 SOCIAL SECURITY NO 216-44-2890

LAST Brooks

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

136 CITY OR TOWN

IENE S	2 NO.	1	0	6	4	
20 DATE OF DEATH		DAY		AR	26 HOL	JR .
OCTO	BER	Zar	8	5	5 3	AM
6 AGE (IN YEARS LAST	BIRTHDAY)		UNDER I	YEAR DAYS	IF UNDER	24 HRS MIN.
75	YF					
9 BALTIMORE CITY	OR COU	NTYO	F DEAT	Н		
BALTIMOE		TY	125 61	NID OF	BUSINI	MD
(TYPE OF WORK FOR MOS	T OF WORKIN	G (IFE)	INDUS	TRY		
Claims D		- 3	Pos	t C	offic	ce
13e STREET ADDRES			212	10		
3501 St.	Paul	SL	212	10		
M		icks		LAST		
ADI	W: DRESS					
ks_3501 St	. Pat	11 5	st.	212	218	
			BETY	PROXIA	NATE INTE	RVAL DEATH
D				111		
					-	-
INAL DISEASE OR CO	ONDITION	GIVEN	IN PA	RT 1 in		
200 AUTOPSY?					GS USE OF DEA	
YES NO	1	YES		0323	NO F	4
RED (ENTER NATURE OF IT	VJURY IN ITEN	18 PART	LORPA	RT 2)		
W 14 15 5						
CITY OR	NWOT		COUN	TV V		TATE
			-	-		

	IDITIONS CONTRIBUTING TO DEATH BE	UT NOT RELATED TO THE TERMIN	ALDISEASE OR CON	DITION GIVEN IN PART 1	10
ACUTE 1	MI,	The second second			
90 DATE OF OPERATION 9/28/85	BLEEDING D		20a AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	INGS USED S OF DEATH?
210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH DAY YEA	R 21c. HOW INJURY OCCURRED	ENTER NATURE OF INJUR	RY IN ITEM 18 PART I OR PART 2)	
(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 19				
21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE FARM ETC.)	211 LOCATION STREET	CITY OR TO	WN COUNTY	STATE
WHIE AT WORK					
that earlies that it files branital	sittended the deserted from 97	200 00 00	10/	5 10 65	Marie Street

27d PHYSICIAN'S NAME (TYPE OF PRINT)

MD 22e ADDRESS

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

27r. DATE SIGNED

DAVID NASRALLAH

JAMES

Conditions, if any, which gove rise to immediate couse (a), stating the

underlying couse lost

33% SIGNATURE

220.1 certify that (1) files have

Male

James

UNION MEMORIAL HOSPITAL

230 BURIAL, CREMATION, REMOVAL	236 DATE
Burial	10-8-85

23¢ NAME OF CEMETERY OR CREMATORY New Cathedral Cemetery

DEGREE

Baltimore

and that in (my) pur opinion death occurred on the date and hour and from the causes stated

COUNTY Md"

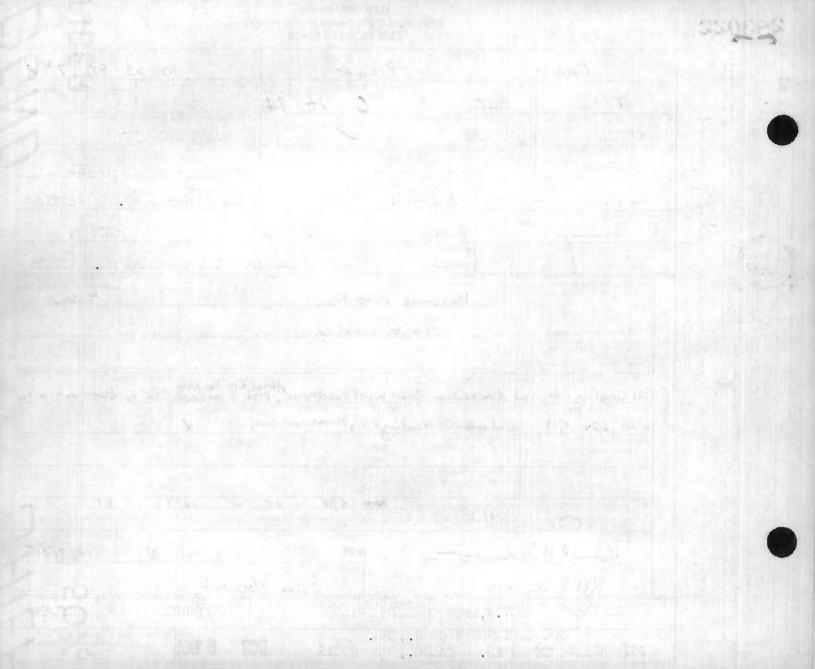
24. FUNERAL DIRECTOR

Burgee-Henss Funeral Home 3631 Falls Rd. 21211

8 1985

250 DATE REC D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE AND AUTOMOBILE

DIVISION OF VITAL RECORDS, 201



		1					STAT	TE OF M	ARYLAND			0 7	, , ,	6 63	
		11-	FOR STATE		D	EPARTM	ENT OF	HEALTH	AND MENT	AL HYGIEI	NE.	La 1	0	0 4	
24	2117	1	REGISTRAR		MED	ICAL EX	XAMIN	ER'S C	ERTIFICAT	E OF DE	ATH	REG. NO).		
OI	MII.		CEASED NAME	FIRST		WIDDIE		i	AST		20. DATE KI	NOWN X	MONTH DA	AY YEAR	2b. HOUR
	W 21.69.2	(TY	PE OR PRINT)	a	Canad	h h w i a h	+	Dres	Nr. 700		OF DEATH A	ESII- T-		1005	
	EAS PURE PER PER PER PER PER PER PER PER PER P	3. SE		David	DATE OF BIRTH	thrigh	AGE (IN YEA	Bro		NDER 24 HRS.	. 2c DATE		10-30	1985 AY YEAR	2d HOUF
	REC			A	NONTH DAY	YEAR	LAST BIRTHDA				PRONOUNC	ED	20.00	0.5	10:2
	RAL DIIIN 72		Male Bla	ack			49 YR	IS.			DEAD		10-30	1985	P. N
	SA SEE		RTHPLACE (STATE OR DREIGN COUNTRY)	7b.	CITIZEN OF WH.		SA5	8 MARRIE	D X NEVERA	MARRIED -	9. BALTIMO	RE CITY O	R COUNTY O	FDEATH	
	S NECESSARY, REASE FUNERAL DIRECTOR. E 5 FOR YOUR FILES. D, WITHIN 72 HOURS W PRESTON STREET,		/irginia		U.S.	Α.		WIDOWE	D Dr	VORCED	Balt	imore	City,		MD
	ED, KE	10 C	ITY OR TOWN OF DE	ATH 11	NAME OF HOSP	ITAL, NURS		, OR OTHE	RINSTITUTION		MOST OF WORK			KIND OF BU	
-	AGE S. W.		Baltimore		in front	of 25	512 N.	Rose	edale St		ster Ba			rber S	
-	H. IF ANY DE 1, 2, AND 3 TO M 3. RETAIN D 2 SHOULD B UAL RECORDS		AL RESIDENCE (IF IN NE			E RESIDENCE BE	FORE ADMISSIO	DN)	- 1- 1-	110	0001 00	2512	N. Ros	edale	S+
21201	Z S E D S F		TATE	136 COUNTY		Dal+	imore		YES [X NO	Bal	timore:	Mari	vland	21216	50.
0.5	STAN		aryland ATHER'S NAME	<		Dait	more					, Mary	/ I allu	21210)
MD.	H- K- E	14. 1	FIRST	M	IDDLE	LA	\$1		15. MOTHER'S A	MAIDEN NAM	MIDI	DLE	100000	LAST	
3 E	ASS. XAC	4	Wesley			Brown			Mar					mes	
N N	FOR LESS 1	160.	WAS DECEASED EVER	IN U.S. ARMED			AL SECURITY	NO.	17. INFORMANT			ADDREZ	512 N.	Roseda	ale
BALTIMORE	RS AFTER CIVE PAINTH FOR MITH FOR DIVISION		No.			230-	38-2	247	Geronia	& Mar	v Stewa				. 16
	WIT P		18 CAUSE OF DEAT	TH (Enter anly a	ne couse per line f	for (a), (b), c	and (c).)	d 9.						APPROXIMATE	INTERVAL
TST	NE SE		PART I DEATH W	AS CAUSED BY	AV	terios	sclero	otic (Cardiova	ascular	Disea	se	8	EIWEEN ONSEI	AND DEATH
NO.	CITIN 24 VER AIGH ANSW PER AL HYGIER REMOVAI			IMMEDIATE C	DUE TO, OR A						7				
A	TE WEEK		Conditions, if	any, which											
a.	ENGINER NIAL OR RE		gove rise to cause (a) stating		(b)	C A CONIC	0.15.165.6								
= /	DESTANCE.	1	lying couse lost.		DUE TO, OR A	AS A CONSI	EQUENCE)F							
, 201	SE EN LA LE LA				(c)										
DIVISION OF VITAL RECORDS,	DE EXECUTED WENDING: IN PEN WEDICAL EXAMIL AS A BURIAL - NA ALTH AND MENT CREMATION, OR	1	PART 2 OTHER SIGNIFICAN	IT CONDITIONS CONT	RIBUTING TO OFATH BE	UT NOT RELATED	D TO THE TERM	INAL DISEASE	OR CONDITION GIVE	N IN PART 1 to					
8	PED BE EN PEDION FE MEDION FE A MEDION FE A SA HEALTH ALL, CREM	CERTIFICATION													
=	S CERTIFICATE SHOULD RITING THE WORD "PEN ROED TO THE CHIEF M RE 3 SHOULD BE USED A SUPPRIOR TO BURIAL, COL PRIOR TO BURIAL,	18	190 DATE OF OPER	ATION	196 CONDITI	ON FOR W	HICH OPER	ATION WA	S PERFORMED	?			20	AUTOPSY?	on les
_ ₹	子宮王300 多	E	LE COL											(head YES XX	only
7	WO BE	7 8	210 EXTERNAL CAU		216 TIME OF				W INJURY OCC	URRED (ENTER	R NATURE OF INJUR	RY IN ITEM 18 P		-	1 - 1
Z	CATE WATER WATER SULD B STAMEN		UNDERLYING CONTRIBUTING	OR CALISE OF DEA	HOUR A.M.	MONTH D	DAY YEAR								
Sico	SHO TO TO	MEDICAL	214 INTURY OCCUP	PED	21e PLACE O	FINJURY		21f. LOC	ATION			-		-	
Š	VRITING CE 3 CE	M	WHILE NOT AT W	WHILE	STREET, FACTO	DRY, FARM, ETC.)	STI	REET		CITY OR TOWN	٧	COUNTY		STATE
	ZAAAE		AT WORK AT W	/ORK		Chan	a only								
	A TE S		220 I certify that	I took charge at	the remains desc	ribed abave	, held on	Autopsy	XXI. Insp	pection .	Inquiry	, one	d in my opinior	n	
250	A CHAPTER		death resulted from	n: Notural c	ouses XX,	Accident [], Su	cide .	Hamicide [Unde	termined man	ner .			
	ARY ARY		11.		A ()	/ 10			TITLE (SPECIF	FY)					
	A A COUNTY		ACTUAL SIGNATURE	Milate	ne	mill		AA I	Assist	ant. MEI	DICAL EXAMIN	NED	DATE SIGNED	10-31-	-85
	SER SER			3						1416	DICAL EXAMI	ACK	SIGNED_		
	TIN TIN	1	EXAMINER'S NAME (TYPE OR PRINT)	Margar	ita A. K	orell	. M.D.		DDRESS 11	l Penn	St., E	Balto.	, Md.	21201	
	TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: PAFFER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2	730 P	URIAL, CREMATION,						CREMATORY		OCATION				
		(SPECIFY)	TOTAL MALE						CIT	YORTOWN	00 00	COUNTY	51/	ATE
07/84 25M	BP	74 F	Buria		1/02/198		idi Hl	II ce	metery	DATE REC'D. B	altimo	re co	V	arylar	IQ _
	DHMH - 17	1	WILLTEFET & S	sons Fur	nera Loo Hor	me, In	IC.	-		ATT TO	REGISTRAK	多数。	andow-	CHARLE.	
	(VR A15 ME (5))		2501 Gwynr	ns Falls	S PKWV.	Baltim	ore.	Md.21	216 IN	JV Ub	HDO A	1016			- 51

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2	/	0	0

	REGISTRAR			CERTI	ICAIL OI DE		RI	EG. NO.			
	CEASED NAME FIR	RS1 A	IDDLE	L	AST		20 DATE OF DEA	TH MONTH	DAY YEA	R 2	b. HOUR
(IIIPE		ames			Brown	06'- H	October	20, 19	85	1	1:15P
3. SEX	(4. RACE		S. DATE C			6 AGE (IN YEARS L	AST BIRTHDAY)	IF UNDER 1		FUNDER 24 HRS
	ale	Black		2	26	17		68 YRS			HOURS MIN.
	RTHPLACE (STATE OR FORE) TOUNTRY) The Carolina		S. A.	MARRIEI WIDOWE	NEVER MA	RRIED D	9 BALTIMORE C Balt.	ity <u>or</u> coun imore C		H	M
	TY OR TOWN OF DEATH Baltimore	Marylar	iospital, nursino HFACILITY, GIVE STREET A d Genera.	DDRESS) L Hos		UTION		UPATION MOST OF WORKING	12b. KIN		BUSINESS OF
13a S	aryland _	COUNTY	13c CITY OR TOWN Baltimor	4	1.23	10 🗌	13e STREET ADDR			7	
J	ames Brown	MIDDLE	LAST		Georgan	ina	MIE	DDLE	Hol	lan	ıd
160 V	VAS DECEASED EVER IN (ES NO OR UNKNOWN) (IF	J.S. ARMED FORCES? YES GIVE WAR OR DATES)	240-05-		Henrie		own 1612	Vincer	t Ct.	21	217
	Conditions, if ony, wh gove rise to immedi couse (a), stating	AEDIATE CAUSE (0) DUE TO, OR (b) Aich (b)	Respirate AS A CONSEQUE AS A CONSEQUE	NCE OF inoma	ailure					rs yrs	
FICATION	PART 2 OTHER SIGNIFIC		ION FOR WHICH		1995cm		INAL DISEASE OR		GIVEN IN PAR		SS LISED
TIFIC	THE DATE OF GLERATION	The Control	NORTOR WINCIT	OI ERATIO	T WAS I EM ON	WED.			TIFYING CAL		
CAL CERTI	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	E OF DEATH HOUR A.A	M. MONTH DA	Y YEAR	21c. HOW INJU	JRY OCCURR	RED (ENTER NATURE)	OF INJURY IN ITEM I	B PART I OR PAR	[2]	
MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE C	OF INJURY SET FACTORY OFFICE, FA	RM ETC }	211. LOCATION		ÇIT	YORTOWN	COUNT		STATE
		s hospital) attended the live on October	20 198	5 or	DEGREE	ur) opinion o	deoth occurred on MEDICAL DIRECTOR P	the date and h	22c D	the co	ot * (we) lo
23a B	22d. PHYSICIAN'S NAME WILLI BURIAL, CREMATION, REN	AM JAN		AME OF C	c/o Ma:	ryland	General	Hospit	al		

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: If Hem 21 is morked or Hem 18 sho

10-26-85 Burial 24 FUNERAL DIRECTOR

Mount Auburn Cemetery Baltimore Mare

1250. DATE REC'D. BY REGISTRAN 236. REGISTRAN'S SIGNATURE

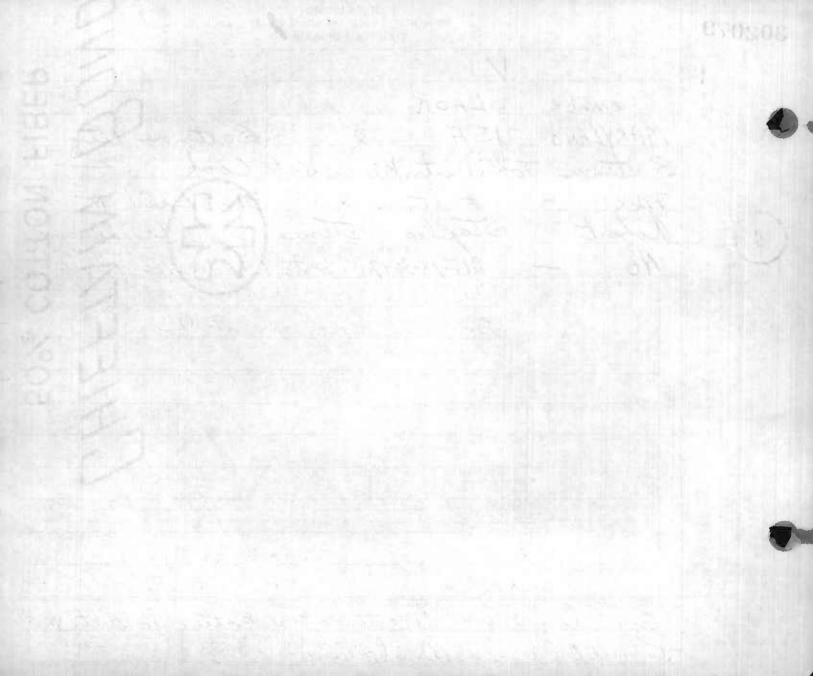
Maryland

Bailey-Douglass Funeral Home 1348 N. Calhoun St.

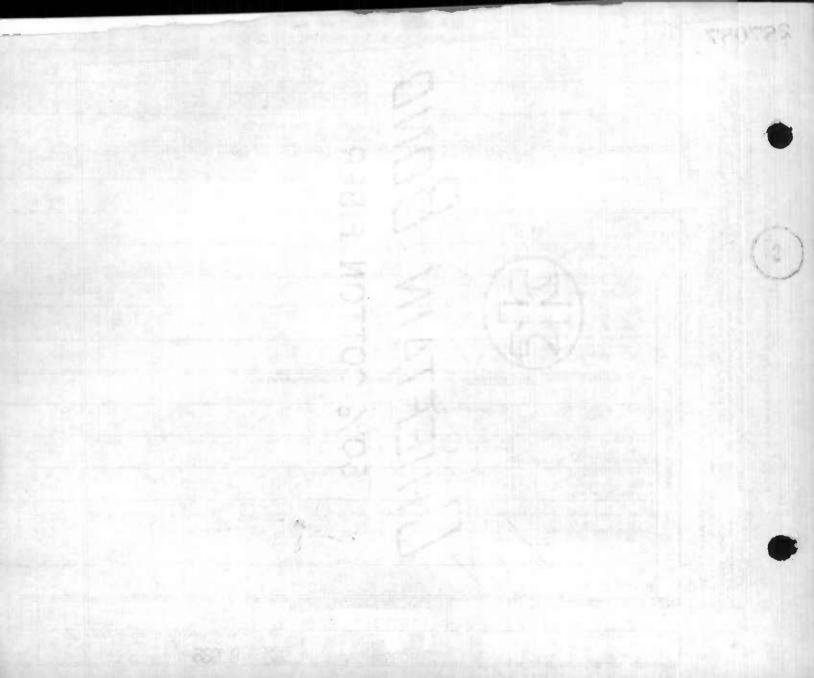
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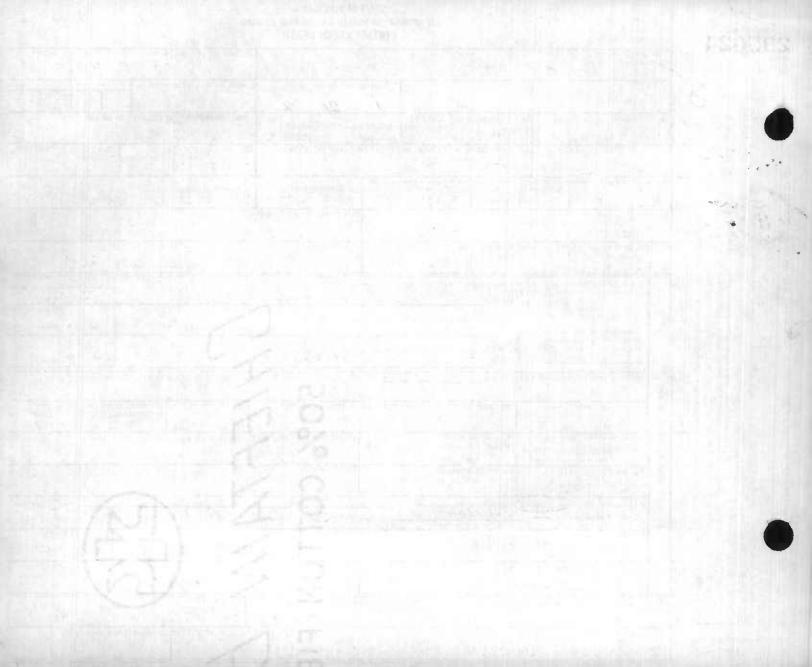
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS 302079 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH DECEASED NAME 25 HOUR 700 AM 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF LINDER TYEAR MONTH YEAR HOURS 02 76 CITIZEN OF BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED 126. KIND CE ORK FOR MOST OF WORKING LIFE) INDUSTRY IDENCE IN MUNICIPAL HOME OR OTHER INSTITUTION G 136 COUNTY 13d INSIDE CITY LIMITS? NO IS MOTHER'S MAIDEN NAME WIEDDLE FIRST MIDDLE DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT **ADDRESS** (IF YES GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per the for ia), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10. 200 % Conditions, if any, which gave rise to immediate course (b) stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATI THE DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [NO [TIE ACCIDENT WAS UNDERLYING. [71b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING [] CAUSE OF DEATH SHERHER HOTEY MEDICAL ERABINERS P.M 19 211 LOCATION 114 INJURY DCCURRED 21e PLACE OF INJURY COUNTY CITY OR TOWN STATE (AT HOME STREET, FACTORY OFFICE FARM, ETC.) 220.1 certify that (1) (this haspital) attended the deceased from (we) last law the deceased plive on 2 and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the bady after death 77b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF 000 PHYSICIAN DIRECTOR PHYSICIAN THE PHYSICIAN IN A ME (TYPE OR PRINT 77e ADDRESS 23h DATE 23c NAME OF CEMETERY OR CREMATORY NERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE In walkason Hundell DHMH - 16 60M 7/84 (VRA 15, 4)



287	7087	1-	FOR STATE REGISTRAR				TOF HEALTH		NTAL HYGI	16	2	10	5	2	
	V	1. DE	CEASED NAME	FIRST	***************************************	MIDDLE	OTHIT S C	LAST	AIL OF DI	20. DATE	KNOWN [O. MONTH	DAY	YEAR	26 HOUR
	28.5.8 €	(TYP	E OR PRINT)	Dobo	nto N	1.		Brown		OF	ESTI-	10	4 19		
	REGIETA SE	3 SEX	4	RACE	5 DATE OF BIRTH	6. AC	E (IN YEARS IF UT	NDER 1 YR. I	F UNDER 24 HR	S. 2c DAT	E	HTMOM	DAY	YEAR	2d HOUR
	S NEGESSARY, PLEASE FUNERAL DIRECTOR. E. 5 FOR YOUR FILES. D. WITHIN 22 HOURS. PRESTON STREET,		F	В	12 7	40	1 YRS.	HS DAYS	Hours MIN	PRONOU DEA		10	4 10	85	10:4
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- 1	And To		ROY			CAFEE		ROS					PENC	ER	
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-	Z TENE	CERTIFICATION	190 DATE OF	PERATION	196 CONDITI	ON FOR WHIC	H OPERATION W	VAS PERFORM	ED?				20 AUT	OPSY?	
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	TO MEDICAL EXAMINER: 11 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNEAU DIRECTOR; PAFIER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2	-	EXAMINER'S N	AME	Gregory R.	Kauffm	an. M.D.		111 Pen	n St.	Balto	MD.			
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295024	1-	FOR STATE REGISTRAR			MENT OF H	OF MARYLA EALTH AND M ICATE OF D	MENTAL HYGI	REG.		0 6	0
, ne		OR PRINT	MID	DLE	Bin	10-57		20. DATE OF DEATH	10 11	AY YEAR	26. HOUR
2 000 1	1. SE		4. RACE		S. DATE C	F BIRTH		6. AGE (IN YEARS LAST	/ - / -	IF UNDER 1 YEAR	IF UNDER 24 HRS
6 %		Male	B1a	ack	MONTH	26	YEAR 21	64	YRS.	ONTHS DAYS	HOURS MIN.
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ORE.	- 1	VAS DECEASED EVER IN U.S.	ARMED FORCES? 1	66 SOCIAL SEC		17. INFORMAN			DRESS		
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ORDS, 201 W. PRESTON ST., requires that the death certific on light the attending phy. Then please remove corban ps or its berrail, committee, or remay injury, or other traumatic even	TION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR A DUE TO, OR A DUE TO, OR A CO TO CONDITIONS COM	AS A CONSEOU AS A CONSEOU	JENCE OF	NOT RELATED	TO THE TERMI				
e kow in. hos be permit ne prii	CERTIFICATION	190 DATE OF OPERATION	196. CONDITI	ON FOR WHIC	H OPERATIO	N WAS PERFOR	RMED	200 AUTOPSY?	IN CERTIFY	WERE FIND	S OF DEATH?
DIVISION OF VITAL RECORDS NG PHYSICIAN: The low offending physician. Ifter this certificate has been os the burial-transit permit the and Mental Hygene print the and Mental Hygene print arked or item 18 shows any mile arked or item 18 shows any mile.		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M		DAY YEAR	21c. HOW INJ	JURY OCCURR	ED (ENTER NATURE OF IT			
DIVISION DING PHYS or attending After this ce os the bur alth and Me	MEDICAL	216. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF	FINJURY T, FACTORY, OFFICE	, FARM, ETC)	211 LOCATIO STREET	N	CITY OR	TOWN	COUNTY	STATE
Lo Lose se leal		22a I certify that (I) (this ha					. 19				, tho (11)(we) last
ATTEI ospito ECTO d for m 21 im 21 i		saw the deceased olive abave((1) (we) (did) (did 22b SIGNATURE	not view the body of	ter death.		DEGREE	(our) opinion c	leath occurred on the	dote and hour		e couses stated
och Ber		278. SIGNATURE	Ulla.				TTENDING	MEDICAL ST	TAFF	10/16	e/85
TO HOSPITAL TO FUNERAL should be deter with the Store		226 PHYSICIAN'S NAME IT	PE OR PRINT)			22e ADDRESS		1.0			
of of short of the	23o. 6	SURIAL, CREMATION, REMOV				EMETERY OR C		236 LOCATION		COUNTY	AA I STAIF
BP		BURIAL	10/21/	85 B	altimo	re Ceme		Balitimo			Md. STATE
DHMH - 16 50M 4/82 (VRA 15, 4)		C March F/H,	Inc. 1101	E Nort	h Aver	iue	25a. DATE	REC'D. BY REGISTR.	ARIZSE REGISTE	RAR'S SIGNA	TURE



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mpletely filled in by the ogd 2 should be filed wi

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		DECISTON

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

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2	2	1	0	0	-

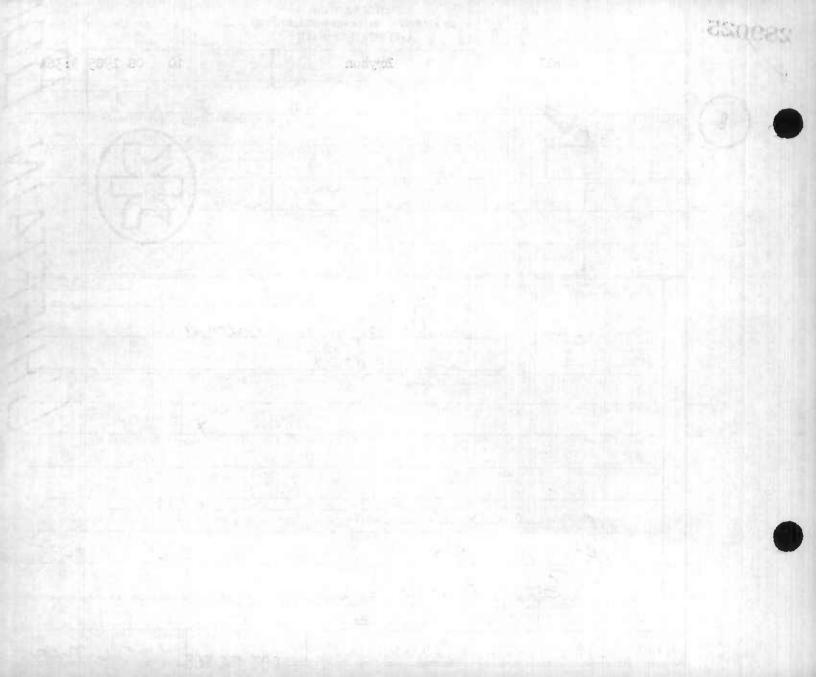
Islia Davidson-Randell

	REGISTRAR			CERTII	ICAIL OF	PLAIN		REG. NO.				
1. D	PE OR PRINTI Bonny Odel	IDDLE	Br	yson		20. DATE (OF DEATH MONT		1985	9:3		
3. SI	EX	4 RACE		S. DATE C			6. AGE IN	YEARS LAST BIRTHDAY) IF U	NDER I YEAR	IF UNDER	
	male	black		MONTH 3	27	1908		77	YRS	Ins Dars	HOURS	MIN.
7a. E	BIRTHPLACE (STATE OF FOREIGN COUNTRY)		VHAT COUNTRY?	8 AAAADDIE	D NEVER	MADDIED [9 BALTIM	ORE CITY OR CO	UNTY OF	DEATH		1
	S.C.	USA		WIDOWE	_	VORCED [Bal	timore c	ity	ad a		MD
-	altimore	(IF NOT IN SUCH	OSPITAL, NURSING FRACILITY, GIVE STREET A ES HOSPIT	ADDRESS)	OR OTHER INS	TITUTION	(TYPE OF WO	LOCCUPATION ORK FOR MOST OF WOR		126 KIND OI INDUSTRY	F BUSINE	ESS OR
130	UAL RESIDENCE (IF NURSING HOME OF STATE 13b CQUI		Baltimor	N	13d INSIDE O	NO 🗌	13e STREET 5234	ADDRESS / ZIP		ad 21	229	
	father's NAME Unknown	WIDDLE	LAST		Unkn	S MAIDEN NAM FIRST DWN	MĖ	WIDDIE		LAST	F	
	WAS DECEASED EVER IN U.S. AR (YES. NO OR UNKNOWN) IIF YES. GIV	E WAR OR DATES)	251-22-57		17 INFORMA	Abrams	9235	ADDRESS Coleman	Col Thom	umbia las La	ne	
CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT ((c) CONDITIONS <u>CO</u>	AS A CONSEQUE	PEATH BUT		TO THE TERM		TOPSY? 206.	. IF YES, W	IN PART I o	IGS USE	D
ERTE	210. ACCIDENT WAS UNDERLYING	21b. TIME OF	INJURÝ		21¢ HOW IN	JURY OCCURR	YES D	NO NATURE OF INJURY IN IT	YES [NO [
	OR CONTRIBUTING CAUSE OF DE	NIII	A. MONTH DA				TE TELLER	TRIBITE OF PRODUCTION		Out Aut 27		
MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE C		19 ARM, ETC)	211 LOCATION STREET			CITY OF TOWN		COUNTY	S	STATE
	220 I certify that (I) (this hospital that the declared alive an above, if over idial (did no	10-8-	850 /10		2-85 nd that in (my)	, 19 (aur) opinion c	, ta death accurr	red on the date or			that (1) (, , , ,
	SIGNATURE SIGNATURE	1. 8	Jash	1		ATTENDING PHYSICIAN [MEDICAI DIRECTO	L STAFF		10 -	SIGNED	35
	PHYSICIAN'S MANIE C	regory	S. Goh	dod	22e. ADDRES							
	BURIAL, CREMATION, REMOVAL (SPECIF Burial	23b. DATE 10/12/			Memori	al Park	Art	outus		YTMUC		STATE Md
	FUNERAL DIRECTOR		ADDRESS				E REC'D. BY	REGISTRAR 25b. R	EGISTRAR	'S SIGNATI		
M.	illiam C. March	F/H Inc	West 430	10 Wat	oash Av	e	0.	4 4000	Latin J	airidan	-Rang	1402

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physici should be detached far use as the burnal-transit permit. Then please remove corbon paper with the State Dept of Health and Mental Hygiene prior to burial, cremation, or remayal. IMPORTANT: If hem 21 is morked or Item 18 shows ony injury, ar other troumotic ex



STATE OF MARYLAND

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(p-set		4		

14		STATE REGISTRAR				CERTIFIC	ATE OF DEATH		REG. NO.		
		EASED NAME	FIRST		MIDDLE	LAST		20. DATE OF DE		DAY YEAR	2h HOUR
	(14hF	Robert	t	1	M.	Buchn	nan	Octob	er 13. 1	985	4.30DMM
	3. SEX			4. RACE		5. DATE OF		6. AGE (IN YEARS		MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
	M	ale		White			.04, 1893	91	YRS.	MOINING DATS	HOURS MIN.
35	Mo BII	RTHPLACE (STATE OR E	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	MARRIED (☐ NEVER MARRIED ☐ DIVORCED ☐		more Cit		MD.
pod	10 CI	TY OR TOWN OF DEA	ATH		HOSPITAL, NURSIN	NG HOME OR	OTHER INSTITUTION	12a USUAL OC		126. KIND O	F BUSINESS OR
10		ltimore C		Edgewoo	od Nursin	g Home		Machin		Found	dry
35	13a S		13b. COUN	VTY	13c. CITY OR TOW	VN 13	84. INSIDE CITY LIMITS?		RESS / ZIP COD	796	1211
DE		THER'S NAME FIRST ristian B u	_	MIDDLE	LAST		S. MOTHER'S MAIDEN NA FIRST Barbara E	ME	IDDLE	LAS	7
1	16a V	AS DECEASED EVER	IN U.S. AR	-	16b. SOCIAL SECU		7 INFORMANT	В	âltimore		
1.	N	Ю	<u> </u>		212-10-	7263 IN	Mildred Crow	ther	3836 El	m Avenu	MATE INTERVAL ONSET AND DEATH
		PART I. DEATH W		TE CAUSE (a)	H CL	ett -	mejocaela	rel 8	Marela	8-	medel
njury, or other traumatic event,	NOI	Conditions, if any, gave rise to im- cause ial, statis	, which mediate ng the	DUE TO, C	OR AS A CONSEOU	ENCE OF	OT RELATED TO THE TERM				
I shaws any valury, or other traumable event,	CERTIFICATION	Conditions, if any, gave rise to im- cause ial, statis	, which mediate ag the last	DUE TO, C DUE TO, C (b)_ DUE TO, C (c)_ CONDITIONS C	OR AS A CONSEQUING TO STRIBUTING TO STRIBUTING TO	ENCE OF	MAS PERFORMED	20e AUTOPS	19h. IF YE	VEN IN PART 10	NGS USED
129	AL CERTIFICATION	Conditions, if any, gave rise to impace (a), stating underlying cause PART 2 OTHER SIGN THE DATE OF OPERA 210. ACCIDENT WAS UNIOR CONTRIBUTING	, which mediate in the last NIFICANI (DUE TO, C (b) DUE TO, C (c) CONDITIONS C 121A TIME C HOUR A	OR AS A CONSEQUE CONTRIBUTING TO STATE OF WHICH OF INJURY A.M. MONTH D	ENCE OF	nelpone.	20e AUTOPS	19h. IF YE	VEN IN PART 10	NGS USED OF DEATH?
ved or them 18 shows dry mjury, or other traumable event,	MEDICAL CERTIFICATION	Conditions, if any, gave rise to improve (a), statir underlying cause PART 2 OTHER SIGN THE DATE OF OPERA 21a. ACCIDENT WAS UNIOR CONTRIBUTING [1] [IF EITHER, NOTHY MED] 21d INJURY OCCUR.	, which mediate in the last NIFICANI (DUE TO, (b) DUE TO, (c) CONDITIONS C 11 CONE 12 LA TIME C HOUR A P 10 PLACE	OR AS A CONSEQUING TO STRIBUTING TO STRIBUTING TO	DEATH BUT NO	MAS PERFORMED	YES NRED (ENTER SALEM	19h. IF YE	VEN IN PART 10	NGS USED OF DEATH?
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	大市
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	(TENDING PHYSICIAN The law requires that the death certificate be executed within 24 hours after death. Taging to a referriding physician.
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1				STAT	E OF MARYLAND		7 . 6 .
- 0101	1.	FOR STATE	DEPART		EALTH AND MENTAL HYG	IENE D %	1007
047		REGISTRAR		CEKITI	ICATE OF DEATH	REG. NO.	
~		EASED NAME FIRST	MIDDLE		AST	26. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
deoth deoth	1	OR PRINTI	MARIE R	. 01		101	29/8 16:00
r deo	3. SE:	Joroth	RACE .	5. DATE (oneyer	6 AGE (IN YEARS LAST BIRTHOAY)	IF UNDER I YEAR IF UNDER A HRS
1 4 X	3. SE.		KACE /	MONT		B AGE (INTERNSTAST BIRTHOAT)	MONTHS DAYS HOURS MIN.
2 7		Fenale	while	9	15/20	65 YF	RS.
من ا	7a. BI	RTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?	8	YY	9 BALTIMORE CITY OR COU	NTY OF DEATH
1 85		Maryland	USA	1	DAN NEVER MARRIED	Baltimore (City
18	10.0		. NAME OF HOSPITAL, NURSI	WIDOWI		12 USUAL OCCUPATION	M
15	7				DR OTHER INSTITUTION	126 USUAL OCCUPATION	126 KIND OF BUSINESS OF
20	/	Baltimore	Mercy Hospi	tal		Clerk	nospitai
20	USU	AL RESIDENCE (IF NURSING HOME OF OT	HER INSTITUTION GIVE RESIDENCE BEFOR	E ADMISSION)			
R.L.	136 3	Maryland 13b COUNTY	Baltimo	re	134 INSIDE CITY LIMITS?	3922 Rexme	re Road 21218
-	14 5 4	THER'S NAME	Darcinc	10		1	
E	19 FA	FIRST MIT	DDLE LAST		15 MOTHER'S MAIDEN NAM	WIDOLE	LAST
(CC)		Michael Smith			Agnes		
0 /		VAS DECEASED EVER IN U.S. ARME		JRITY NO.	17 INFORMANT	ADDRESS	
ped /	(NO OR UNKNOWN) (IF YES, GIVE W	(AR OR DATES) 220-07-	2339	Frederick Bu	uddemever	Same
e e							ADDROVE AVENUE OF THE
+ ,		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one cause per line for 101, (b), or	id (c).1			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
> >		IMMEDIATE		lal	10 renal	Carcinon	a years
phic .			DUE TO, OR AS A CONSEOU	ENCE OF			
E E		Conditions, if any, which	(b) CO/01		carcinom	0	years
5		gave rise to immediate	(b) <u>COTO</u>		agr City Om	a	1000
her		cause (0), stating the underlying cause lost	DUE TO, OR AS A CONSEQU	ENCE OF			
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	z	PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART TIO
<u>~</u>	CERTIFICATION		Tues and a second				
8 7	CA	198. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20b. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
3	TIE					YES NO	YES NO
o o	CER	216. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2}
E		OR CONTRIBUTING CAUSE OF DEATH					
# / I	SC	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	P.M.	19	21f LOCATION		
0 1	MEDICAL		LAT HOME, STREET FACTORY OFFICE,	FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
4		AT WORK AT WORK			,		
		22a I certify that (I) (this hospital	ottended the deceased from_	101	27 19 BY	10 10/29	19 8/ that (I) (we) les
		saw the deceased stree on	10/29 19	0	nd that in (my) (aur) apinian a	death accurred on the date and	hour and from the causes stated
E		abave, (Plw(Ddid) (did not) v	new the bady after death		DEGREE		
		dive M	RUA	01	ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
		gren py	Doen	10	PHYSICIAN [DIRECTOR PHYSICIAN	10/25/8-
		221 PHYSICIAN'S NAME (TYPE ORP	RINT)		22e ADDRESS	. /	
5		KHI M CH	1/2/10		Marci. Ha	catal Ra	TINAD
IMPORTANT	22. 5	THE COUNTY OF THE LOS		14445 05 5	V 10 CY 170.	Miller 19a	110, Ina
	230 E		Nov. 2,1985		EMETERY OR CRÉMATORY	Partitorion B	altowivCo., Mdiate
	_		NOV. 2,1903	Idi	.rwood	Tarkville, D	alto, oo, na.
7/B4	24 FL	INERAL DIRECTOR	ACORESS	6500	York Rd. 25a DATE	E REC'D. BY REGISTRAR 256. REC	
	Mi	tchell-Wiedefeld	Home. Inc. Ba			0 1 1985	to real cross- Nousetter
4)				,			

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and a second second

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 303093 REGISTRAR I. DECEASED NAME 20. DATE KNOWN X MONTH 25 HOUR (TYPE OR PRINT) ESTI-DEATH MATED April Buniff 10 24 19 85 4 RACE 6 AGE (IN YEARS IF UNDER 1 YR. DATE OF BIRTH IF UNDER 24 HRS DATE 2d HOUR PRONOUNCED 11:28 DEAD 24 1985 April 19, 85 female white a M 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR MARRIED NEVER MARRIEDXX FOREIGN COUNTRY) Maruland DIVORCED Baltimore City U.S.A. ID CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFET 4339 Harford Road Baltimore 21214 USUAL RESIDENCE HEIN NURSING OME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 130 STATE OUNTY 13c CITY OR TOWN Md. Baltimore YES X NO T 4339 Harford Rd. 21214 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE EIRST LAST John Buniff A. Robin Cabezas MAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT no John A. Buniff 4339 Harford Rd. 21214 none 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Sudden Infant Death Syndrome DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 III CERTIFICATION 19g DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY2 WRITING THE CAMPARED TO THE CAMPAGE 3 SHOULD BE USE DIVISION OF VITAL YES X NO 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21¢ HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 218 PLACE OF INJURY (AT HOME, 211 LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.I STREET CITY OR TOWN COUNTY STATE 220 I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion Natural causes Suicide Hamicide _ Undetermined monner TITLE (SPECIFY) PAGE 4 SHOL TO FUNERAL D ATTER BEAT ACTUAL Assistant MEDICAL EXAMINER 10/25/85 SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. ADDRESS 111 Penn St. BaltoMD (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE Burial 07/84 10/28/85 Baltimore, Md Sacred Heart TAS DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATUR 25M 24 FUNERAL DIRECTOR DHMH - 17 ADDRESS 28 (VR A15 ME (5)) Leonard J. Ruck, Inc. 5305 Harford Rd.

STATE OF MARYLAND



- STATE

REGISTRAR DECEASED NAME BURGER (TYPE OR PRINT) CHARLES 3 SEX MALF AUC Ja BIRTHPLACE STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Baltimore Coores. 3a STATE 136 COUNT 13d INSIDE CITY LIMITS? Baltimore Baltinos NOF 4. FATHER'S NAME MIDDLE In WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES GIVE WAR OR DATES) UNK 18 CAUSE OF DEATH (Enter only one cause per line for to), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 CONSEQUENCE OF neumonia Conditions, if any, which gove rise to immediate couse to), stating the underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1160 CERTIFICATION 190 DATE OF OPERALION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER P.M 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE FARM, ETC.) STREET NOT WHILE WHILE 22a I certify that (1) (this hospital) attended the deceased from saw the deceased alive on obove, (I) (we (did)) did not) view the body after death. and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated 22b SIGNATURE DEGREE ATTENDING PHYSICIAN | 22d PHYSICIAN'S NAME (TYPE OF PRINT 22e ADDRESS ld b HOMAS ÷ 0 23a BURIAL CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY) Removal 10/14/85 BP. 24 FUNERAL DIRECTOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 24 DATE OF DEATH MONTH DAY 2b. HOUR 10 6:52 A. 6 AGE (IN YEARS LAST BIRTHDAY) IF LINDER LYEAR BALTIMORE CITY OR COUNTY OF DEATH mare 17h KIND OF BUSINESS OR as toutil 13e STREET ADDRESS / ZIP CODE William 15. MOTHER'S MAIDEN NAME MIDDLE Baker ADDRESS . Mehichahic Squaceal 20b. IF YES, WERE FINDINGS USED 70a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES [NO [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN STATE

22¢ DATE SIGNED MEDICAL STAFF 8 85 DIRECTOR PHYSICIAN

S. HANOVER ST

27230

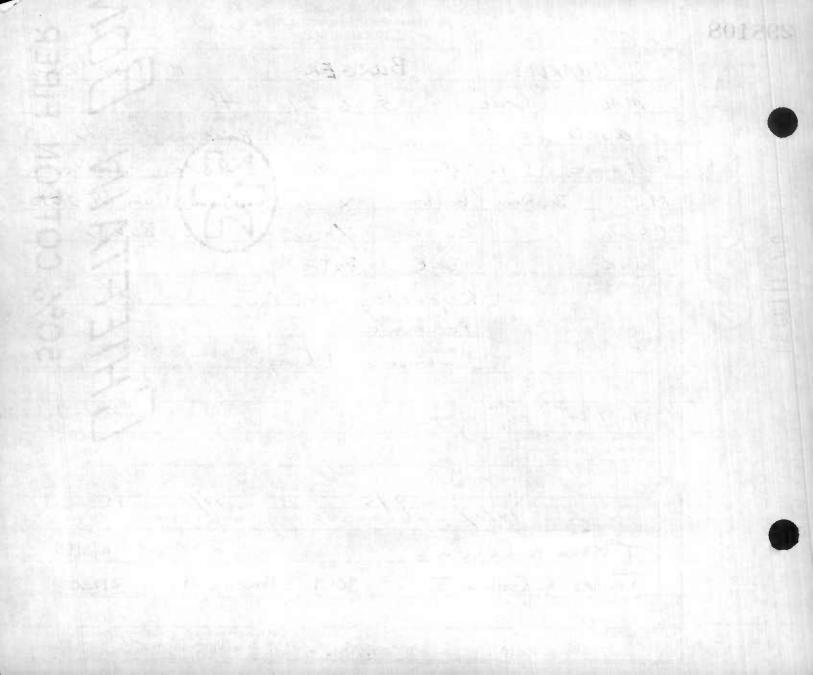
CITY OR TOWN 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

23d LOCATION

COUNTY STATE

Anatomy Board

ADDRESS. Balto., Md.



STATE OF MARYLAND

	6
	-

2b HOUR 7:30a

126 KIND OF BUSINESS OR

GEN. CONSTRUCTION

SAME AS #13e APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

STATE

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ind from the couses stated 22c DATE SIGNED

IF UNDER 24 HRS

21078

- ST	ATE GISTRAR			DEPARTM		ICATE OF DEATH	REG. N	6.00 O.		
DECE A	SED NAME	SHERMA	1.1	NIDDLE		KENTINE	20 DATE OF DEATH Octobe	монтн г 18,	1985	7:300
3 SEX		1	RACE	- US 4.0	5. DATE C		6 AGE (IN YEARS LAST BIR	THDAY)	# UNDER 1 YEAR	HOURS
4	MALE		WHITE		MAY	6, 1912	73	YRS		
COUN	PLACE (STATE OR ITRY) PA.	FOREIGN 17	LS/	YHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	BALTIMORE CITY O			
	TIMORE	ATH 1	VA MED			LTIMORE MD	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O (RET) ELECTR	F WORKING L		F BUSINESS
130. STAT		HARFOR	Y	GIVE RESIDENCE BEFORE 136 CITY OR TOW HAVRE de	N	13d INSIDE CITY LIMITS?	13e STREET ADDRESS A 3829 RIDER		E	210
I4 FATHE	R'S NAME FIRST HARRY	м	IDDLE	BURKENT	INE	15. MOTHER'S MAIDEN NA FIRST DELLA	MIDDLE		LOUNG	
	DECEASED EVER		WAR OR DATES)	201 07 5		MRS. BEATRICE B	ADDRE URKENTINE	55	SAME AS	#13e
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NO.	RT 2. OTHER SIG					NOT RELATED TO THE TERM	AINAL DISEASE OR CON		VEN IN PART 1	
TIFIC							YES NOX		FYING CAÚSES ES: 🔲	OF DEATH?
0.0	ACCIDENT WAS UN CONTRIBUTING	CAUSE OF DEAT	21b. TIME OF HOUR A.A	M. MONTH DA	YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18	PART OR PART 2)	
W W	INJURY OCCUR	HILE [21e PLACE (OF INJURY EET, FACTORY, OFFICE, F	ARM ETC)	21f LOCATION STREET	CITY OR TO	WN	COUNTY	STAT
220	saw the deceos above, (IXwe) (17 - 4 - 1 -	n 18 19 after death,	Octob 85	nd that in (My) (our) opinion	, toOCTOBE death occurred on the de		19 <u>85</u> ur and from the	that (IX (we)

nould be detach BP.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE

DHMH - 16 60M 7/B4 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL BURIAL 210CTOBER85

24 FUNERAL DIRECTOR

23c NAME OF CEMETERY OR CREMATORY ANGEL HILL CEMETERY

22e ADDRESS

23d LOCATION

3900 Loch Raven Blvd. Baltimore Md 21218

HAVRE de GRACE, HARFORD CO., 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

MITCHELL FUNERAL HOME PA, HAVRE de GRACE, MD. 21078

23 1985

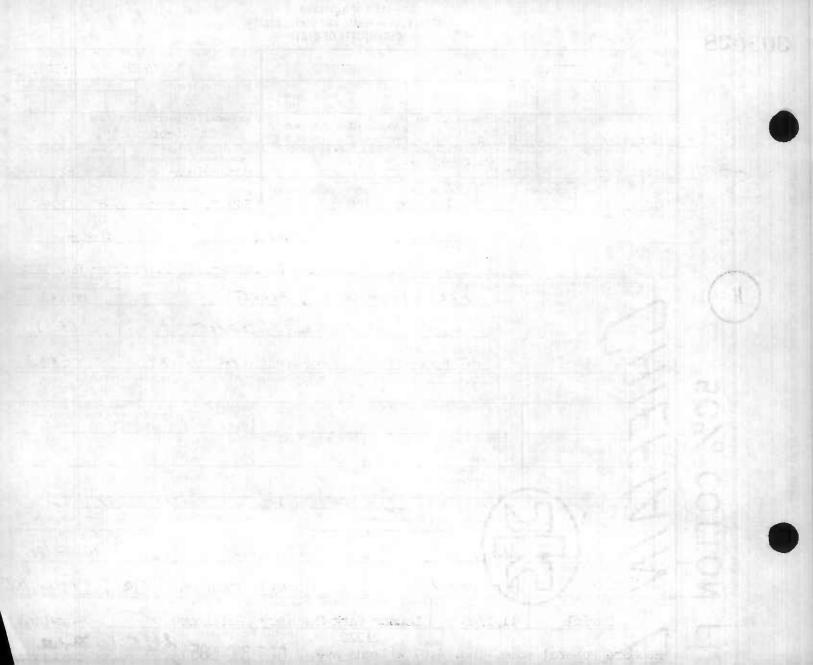
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

ATTENDING

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See See See			76. CITIZEN OF	WHAT COUNTRY?	8.	NEVER MA	RRIED 🗆				
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ST STO	Ва	ltimore									atl. Bank
1 34 200	13a. S	AL RESIDENCE LIF NURSING H	OME OR OTHER INSTITUTION COUNTY	13c. CITY OR TOV	RE ADMISSION) VN § 13d	I. INSIDE CITY	LIMITS?	13e. STREET ADDRES	S		
2 # 3 # 5	Ma	ryland		Baltimo			10 🗌	549 S. Wi		Road	21229
erely 12 sl	14. FA		WIGDIE	LAST	15			AE MIDDLE		LA!	ST
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xecu ges				166 SOCIAL SECT	URITY NO. 17	INFORMANT		ADD	RESS		
000		NO		214-26-	7096 I	Kathlee	en A.	Potter 549	S. Wic		
111		18 CAUSE OF DEATH (E	nter anly ane cause per							BETWEEN	MATE INTERVAL ONSET AND DEATH
(M &) &	0			CARDIO	PULMON	JARY	ARR	EST		h	DUM
quires that the deat signed by the atte hen please remove to buriol, cremation njury, or ather traumi	NC	gave rise to immedia cause (a), stating to underlying cause la	(c)	ACUNE RAS A CONSEOU A RIERIO SC	MTO	CARD	NOVASC	war Dr		N IN PART 1	DATS TOMIL
he le lo on.	TIFICATION	19a DATE OF OPERATION	196. COND	ITION FOR WHICH	OPERATION W	VAS PERFORM	AED		IN CERTIFY	ING CAUSES	S OF DEATH?
physic physic reficote sil-trons fol Hyg		OR CONTRIBUTING CAUSE	OF DEATH HOUR A	M. MONTH D	AY YEAR	Ic HOW INJU	RY OCCURR	ED (ENTER NATURE OF IN	SURY IN ITEM 18 PAR	RT I OR PART 2)	71
uG PHYSK of this ce ter this ce the burie h and Men	MEDIC		21e PLACE	OF INJURY	21	I. LOCATION STREET		CITY OR	TOWN	COUNTY	STATE
ATTENDIFICATION OF SECTOR: A deformable in of Health m 21 is ma		22e 1 certify that (4 (this saw the deceased al abave, 4 (we) (did) (haspital) attended the ive on (O) did not) view the bady				ur) apinian d	eath accurred an the	date and haur o	and from the	
ERAL DIRECTOR Store Dep		226. SIGNATURE	H. Rea	Man		A ATT	ENDING YSICIAN		AFF	22c. DATE	28/8/
TO HOSPITAL retained by the To Funeral should be det with the State IMPORTANT:		STEVEN 1		CMAN	"	ST. A	GNE	HOSPIM	2 900	S.C	APON MI
5 € + 2 3 ₹	23o. E	URIAL, CREMATION, REM			NAME OF CEME	ETERY OR CRE	MATORY	23d. LOCATION CITY OF TOWN		COUNTY	STATE
BP		Burial	11/1/	'85 L	oudon Pa	ark Cer		Baltimor		-	Maryland
DHMH - 16 50M 4/82	24 FU	INERAL DIRECTOR		ADDRESS	2122	29	250. DATE	REC'D. BY REGISTRA	R 24 REGISTE	AR'S SIGNA	URE
(VRA 15, 4)	H	ubbard Funer	al Home, I	nc. 4107	Wilkens	s Ave.		3.0 1985	Title Day	racon-1	- Inches



BALTIMORE, MARYLAND 21201

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

FOR

14. FATHER'S NAME

John

CERTIFICATION

MEDICAL

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	2	Give		O		

Buckite

COUNTY

STATE

MIDDLE

CITY OR TOWN

ADDRESS

REGISTRAR		CERTIFICATE OF I	DEATH	REG. I	NO.		
I DECEASED NAME FIRST (TYPE OR PRINT) EDITH	PAULINE	Burre	LL	2a DATE OF DEATH	MONTH 10-3	30-85	25. HOUR
1. SEX	4. RACE	S. DATE OF BIRTH	YEAR	6. AGE (IN YEARS LAST B	IRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
Female	White	11 28	1907	78	YRS.		
RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER	MARRIED -	9 BALTIMORE CITY	OR COUNT	Y OF DEATH	
Md.	USA		VORCED [Baltimore	City		MD.
B CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)	ITUTION	128. USUAL OCCUPA (TYPE OF WORK FOR MOST	OF WORKING L	(FE) INDUSTRY	F BUSINESS OR
City	3531 Hickory Ave	e. 21211		Social Wor	ker	Socia	al Service
USUAL RESIDENCE (IF NURSING HOME 130. STATE 13b CC		N 13d INSIDE C	ITY LIMITS?	13e STREET ADDRESS 3531 Hick			11

15. MOTHER'S MAIDEN NAME

Elizabeth

(YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	217-18-9159	Eldgridge C.	Beall 3531	Hickory	Ave. 21211
18 CAUSE OF DEAT PART I. DEATH W	H (Enter only one cause per/AS CAUSED BY: IMMEDIATE CAUSE (0)	rline for 101, 161, and 1011 Arterias Selec	-she Vascula	ar Duens		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony gove rise to imi couse (o), static underlying couse	which (b)_ mediate ng the DUE TO, C	DR AS A CONSEQUENCE OF DEPARTMENT OF AS A CONSEQUENCE OF	ellits			Years

CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g PART 2. OTHER SIGNIFICANT

LAST

Hayden

MIDDLE

60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO

CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH?

NO [NO YES 21a, ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IS PART I OR PART 2) MONTH HOUR A.M. DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

P.M LIF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY CITY OR TOWN AT HOME STREET FACTORY OFFICE, FARM ETC } NOT WHILE

OCTOBER 220.1 certify that (1) (this haspital) attended the deceased from 3545 saw the deceased olive on AUCUS and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

obove, (1) (we) (did) (did not) view the body after death 226. SIGNATURI 22c. DATE SIGNED DEGREE

PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS

23C NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b DATE

Eastview Cemetery Burial 24 FUNERAL DIRECTOR Burgee-Henss Funeral Home 3631 Falls rd. 21211

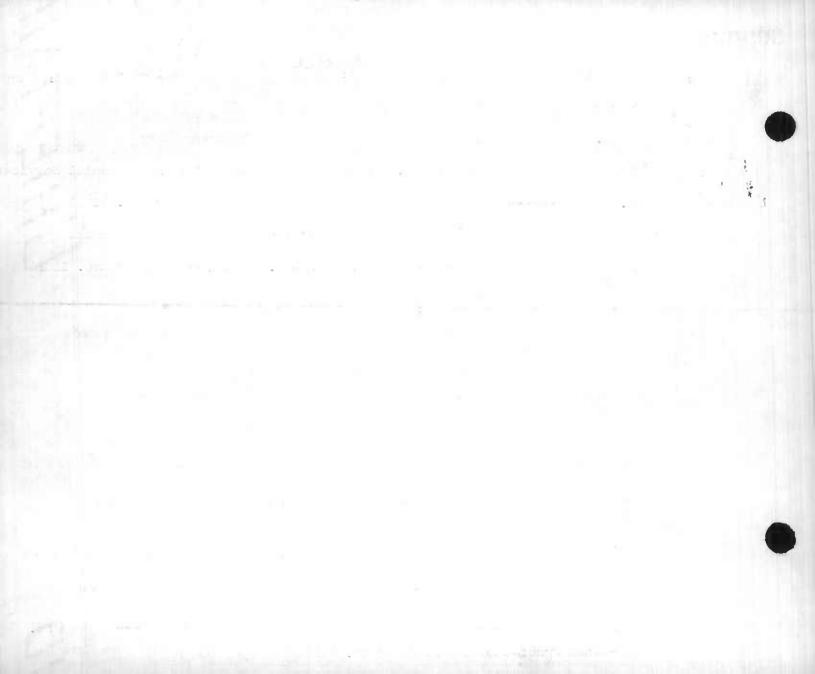
(VRA 15, 4)

DHMH - 16 50M 4/B3

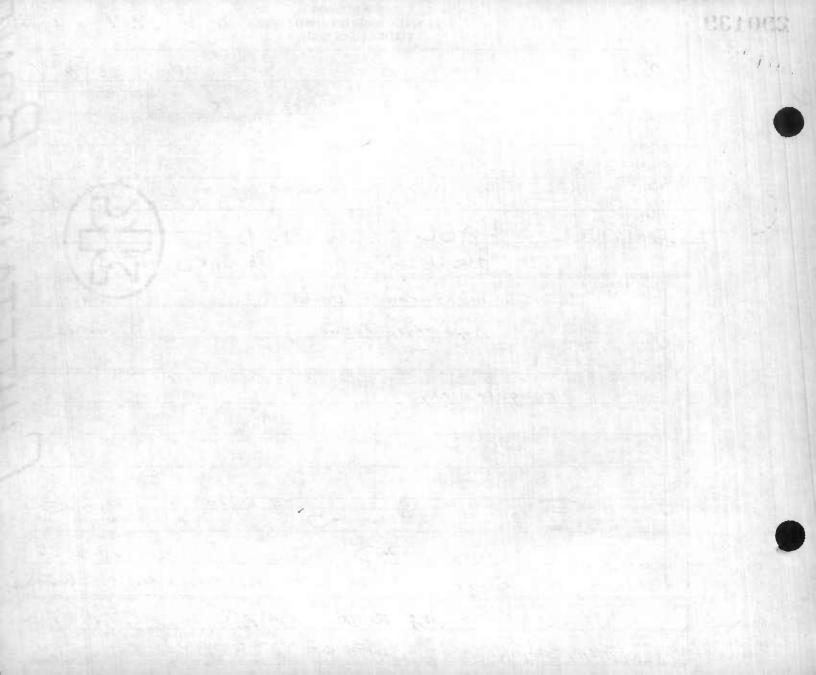
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MPORTANT



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2



298054	1.	FOR STATE REGISTRAR	DEI	PARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH		DERINGLIFE) IF UNDER LYEAR IF UNDER 724 MR. WAS HOURS MIN. PRODUCT OF BUSINESS OR INDUSTRY PCODE. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ION GIVEN IN PART 1:0 ION GIVEN
y be oge 3 deoth		CEASED NAME FIRST PLORE	NCE	BU	ROUGH	REG. N	MONTH DAY YEAR 26 HOUR
oge 4 mo	3. SE	F	4 RACE	5 DATE C		6. AGE (IN YEARS LAST BIR	MONTHS DAYS HOURS MIN.
nerol d	-	RTHPLACE (STATE OR FOREIGN COUNTRY)	U. S.A.	MARRIE	DINEVER MARRIED DINORCED	at 1	
by the fur diffied within	10. C	Ba Ho	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE Lu for ex-c	URSING HOME C		120 USUAL OCCUPATION OF WORK FOR MOST OF	176 KIND OF BUSINESS OR INDUSTRY
AND 2120 in 24 hours filled in by hould be fill filled in by	130.	AL RESIDENCE (IF NURSING HOME COL			136 INSIDE CITY LIMITS?	13e STREET ADDRESS . 740 Pop	ZIP CODE, 21216
350	P	THER'S NAME DIEST May 1	111	SECURITY NO.	15. MOTHER'S MAIDEN NAI FIRST FIRST FIRST TO THE PROPERTY OF THE PROPERTY	WIDDLE	Beller
medice		VAS DECEASED EVER IN U.S. A (ES, NO OR UNKNOWN)	IVE WAR OR DATES)	18-3955	Ceorge Mer		5005 Edmondson Ave.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., NG PHYSICIAN: The low requires that the death certificate this certificate has been signed by the attending places the buriol-transit permit. Then places remove carbona th and Memtal Bygiene prior to buriol, cremation, or removed or them 18 show only injury, or other traumatic even	NO	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying couse lost.	DUE TO, OR AS A CON	Res les SEQUENCE OF	sion	INAL DISEASE OR CON	
TAL RECO	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR V	VHICH OPERATIO		20a AUTOPSY? YES NO	
ON OF VITA HYSICIAN: The ording physician is certificate buriel-transit in Americal Hygin or Hem. 18 sho	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ☐ CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED	HOUR A.M. MONTE R) P.M.	19	711 LOCATION	CITY OR TO	
DIVISION POLICE	W	white NOT White AT WORK 22a I certify that (I) (this has saw the deceased alive a	10/21	from 10/	18 , 19 85	10/2	2 (
ITAL OR AT by the hosp RAL DIRECT detoched to store Dept of		226. SIGNATURE BULL TD	ot) view the body ofter death.		ATTENDING PHYSICIAN [MEDICAL STAI DIRECTOR PHYSIC	FF 1 10-21 85
TO HOSPITAL Cretorned by the TO FunkRal I should be detro with the Store I IMPORTANT: If	230	A	UONG	1234 NAME OF C	LU THERA	N HOSPIT	TAL
BP		Burial	10-24-85	Crest	- law N	Balt	o Ma
DHMH - 16 60M 7/B4 (VRA 15, 4)	24 F	INERAL DIRECTOR	noton 1ª	PRESS / LA		T 23 1985	256 REGISTRAR'S SIGNATURE

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retained by the haspital of	TO FUNERAL DIRECTOR: should be detached for use with the State Dept. of Hec	IMPORTANT: If Item 21 is n
BP.	23	2

230. BURIAL, CREMATION, REMOVAL SPECIFY) Burial

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84 (VRA 15, 4)

1	= STATE REGISTRAR			CERTIF	ICATE OF DEATH		REG. NO	o .		4:475
	CEASED NAME FIRST	A	AIDDLE	L	ASI		2a DATE OF DEATH	MONTH D	AY YEAR	2b HOUR/
	Audrey	Jor	rdan	Bush	in		October 22	, 1985	,	4:47 P
3 SE	X	4 RACE		S. DATE C		D	6. AGE (IN YEARS LAST BIRT		ONTHS DAT	
	female	black		8	21 19		74	YRS		3 1.00%3 1841
la B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIE		9. BALTIMORE CITY O	R COUNTY	OF DEATH	
	Md	USA		WIDOWE	DIVORCE		Baltimore			٨
10.0	ITY OR TOWN OF DEATH		OSPITAL, NURSIN H FACILITY, GIVE STREET		OR OTHER INSTITUTIO	N	12a USUAL OCCUPATION OF WORK FOR MOST OF			OF BUSINESS C
	Baltimore /		nd Genera		pital		Unemployed			
	AL RESIDENCE (IF NURSING HI WE OR STATE U36 OUT		Baltimor	/N	13d. INSIDE CITY LIM YES X NO		13e STREET ADDRESS / 1701 Euta		ce 212	217
14 F	ATHER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAIDI	EN NA/	WE		1.11	LAST
	Morris		Jordan		Helen				Jo	ones
	WAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECL		17 INFORMANT		ADDRE			
	NO OR UNKNOWN) [IF YES, GIV		212-48-4	652	James Dor	sey	2714 Harle	m Aven	ue	
6	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying couse last	(b)	R AS A CONSEQUI Myocardia R AS A CONSEOUI Deed Veir	al Inf						
CERTIFICATION	PART 2 OTHER SIGNIFICANT (CONDITIONS <u>CC</u>	ONTRIBUTING TO	DEATH BUT		ETERM	20a AUTOPSY?	20b. IF YES, IN CERTIFY	WERE FINE	DINGS USED SES OF DEATH?
MEDICAL CERT	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	in I	M. MONTH D. M.	AY YEAR	211 LOCATION	CCURF	YES NOX		RT OR PART 2	
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-	224 PHYSICIAN'S NAME (THE	Logh	el	INE	ATTEND PHYSIC	INO	MEDICAL STAF	F IAN []	110/	22/85
	Walter Koppel	V				land	General Ho	ospita	1	

23c NAME OF CEMETERY OR CREMATORY

King Memorial Park

William C. March F/H Inc West 4300 Wabash Ave

10/26/85

236. DATE

23d LOCATION
CITY OF TOWN
Randallstown

Md

SOLDAL

Anthrope Special Comment Comment No. 1979 Comment No. 197

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M	R FILES. HOURS STREET,	3. SE)	(4 RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YE.	ARS IF UN	IDER TYR.	IF UNDER 2		c. DATE		MONTH	DAY	YEAR 2	d HOUR
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\$	EXECUTE THE CERTIFIED OF TO FUNERAL DIRECT AFTER DEATH WITH BALTIMORE, MARYL	23a B		TION, REMOVAL			NAME OF CEA			ORY	23d LOC	ATION					
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Himself (

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	1-	FOR STATE REGISTRAR				CERTIF	IEALTH AND MENTAL HYG	REG. NO			o 6
/		CEASED NAME OR PRINT!	JÁČK Jac	k Busch	LAND		CH JR.	20 DATE OF DEATH M	2-85	YEAR	26 HOUR 1337 M
	3 SEX	Male		White		S. DATE C	H DAY YEAR	6. AGE (IN YEARS LAST BIRTH	YRS.		IF UNDER 24 HRS
5		RTHPLACE (STATE ORFI	OREIGN	U.S.		WIDOWE		Baltimore Baltimore	e City	DEATH	MC
-	Bal	ty or town of deal		St. App	es Hosp	ADDRESS)	to Md	Or Disabled		126. KIND O INDUSTRY	OF BUSINESS OR
5	13a S M o		136 COUN Bal	OTHER INSTITUTION TY TIMOTE	Balto To	ADMISSION)	13d INSIDE CITY LIMITS?	130 STREET ADDRESS /		Jenki Balt	ns Mem.
S		THER'S NAME	Rola	and	Busch S		Altha	WIDDLE	6	En:	sor
		VAS DECEASED EVER		MED FORCES? E WAR OR DATES)	219-16-9		Mrs. A. B. Da	ailey 208 Bo		ve. 2:	1204
	z	Conditions, if any, gave rise to immediate (a), stating underlying cause	nediate g the last	DUE TO, O	R AS A CONSEQUE R AS A CONSEQUE ONTRIBUTING TO	ENCE OF	rinary to		HON GIVEN	IN PART I	0
7	CERTIFICATION	190 DATE OF OPERAT	ION	196 COND	10-11-1	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES T		
	MEDICAL CERT	21a ACCIDENT WAS UND OR CONTRIBUTING CO (IF EITHER NOTIFY MEDIC 21d INJURY OCCURR WHILE NOTIFY MEDIC 22e.1 certify that (I) saw the decease obove, (I) (we) id 22b. SIGNATURE 22d PHYSICIAN'S NA	AUSE OF DEA	21e PLACE (AT HOME STI	M. MONTH DAM. OF INJURY REEL, FACTORY, OFFICE, F	19 ARM ETC)	211. LOCATION STREET 211. LOCATION STREET , 19 and that in (my) (our) apinion of the company o	RED (ENTER NATURE OF INJURY CITY OR TOW	N 19 e and hour an	COUNTY	state that (It (we) last causes stated
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DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

Burial

24 FUNERAL DIRECTOR

TO FUNERAL DIRECTOR should be detached with the State Dept IMPORTANT: H

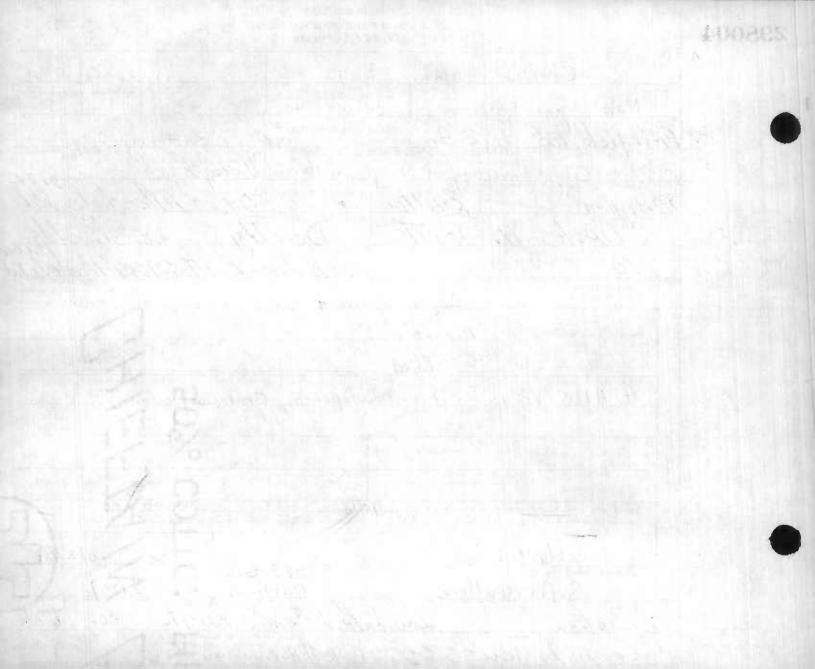
> ADDRESS Mitchell-Wiedefeld Home 6500 York Road 21212

10-15-85

Monkton MonktonUnited Meth Ch. ATE REC'D. BY REGISTRAR 356. REGISTRAR'S SIGNATURE

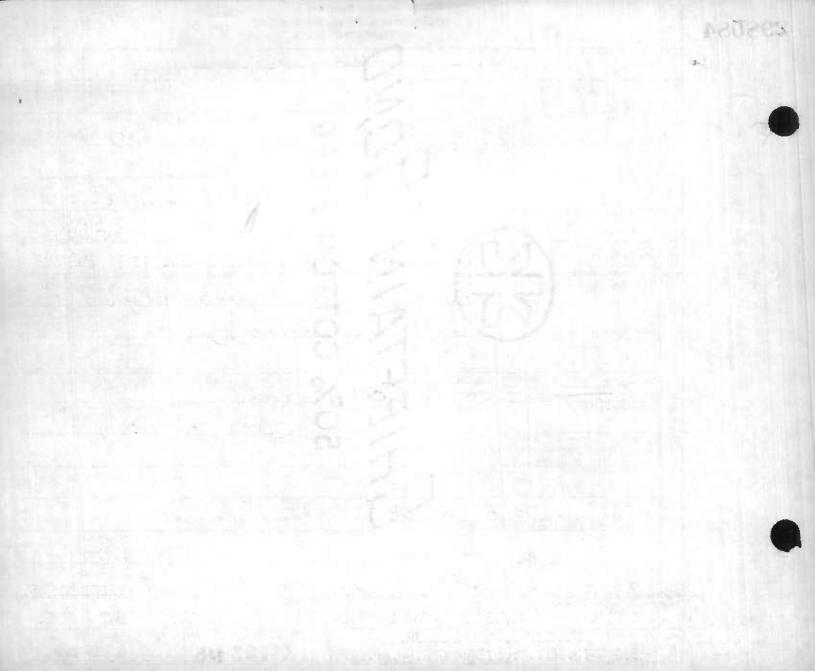
BaltimoreMaryland

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K		CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
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ge ge		Male	Black	04 09 40		
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280 5			DUE TO, OR AS A CONSEOL	JENCE OF		1
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by ose of		onderlying cause last.	((c) 61 B	led		1717
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a A a		220 I certify that (I) (this hash	ital) attended the deceased from	9-18 10	85 10 10-2	U, 19 61 , that (1) (we) lo
H C L		sow the deceased alive on	202	n- 1		
to t		obove, (I) (we) (did) (did no	at) view the body ofter death.	, and that in (my) (dur) op	man death accurred on the date and	naur and Iram the causes stoted
DIRECT Cached f Dept. o		22b. SIGNATURE	0 00	DEGREE		22c. DATE SIGNED
DIRE oche Dep		(/1/	11/11/11/11	ATTENDI	NG MEDICAL STAFF	1-1
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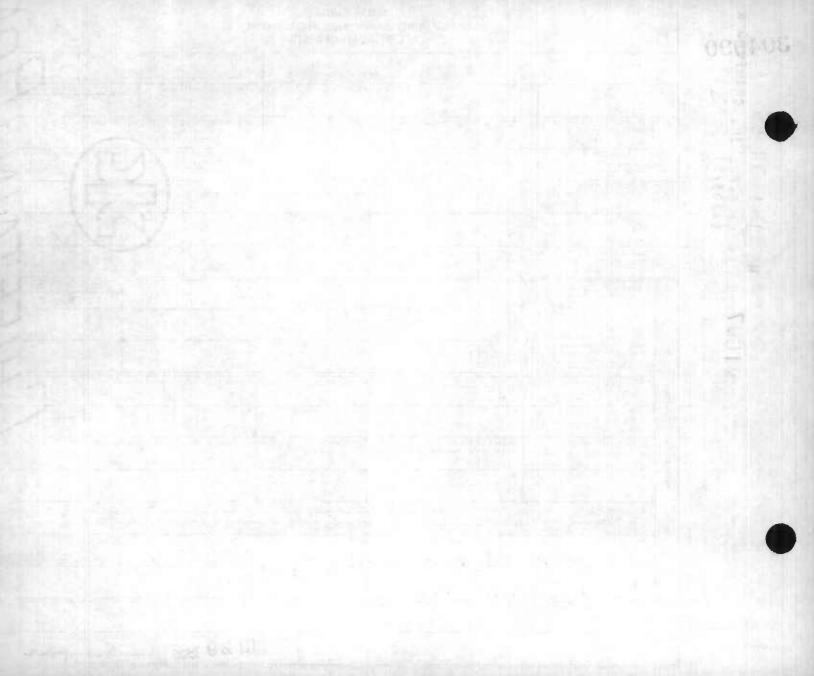
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SION OF V	this cer the burion	ö	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY REET, FACTORY, OFFICE	FARM FTC)	211. LOCATION	1	CITY OR TO	wN	COUNTY	STATE			
DIVISION OF NG PHYSICIA	offer ter ss th h on	rked	~	AT WORK AT WORK								. Marie				
	S. Al	S HO		220.1 certify that (1) (this hasp	ital) attended th	e deceased from	Sept		19 PS	10 Oct	9	19 855,	that (I) (we) last			
ATTEND	RECTOR ned for u	51		saw the deceased alive ar above, (I) (we) (did) (did no	ot view the body	ofter death.	75,01	d that in (my) (a	our) apinion de	eath occurred on the de	ate and hou	er and from the	couses stated			
0 % 8 %	4 00 0	#e#		22b. SIGNATURE	7 7	,	-	DEGREE				22c DATE	SIGNED			
	AL Die Detocl	#		Erin 1	Nen	in '	N		TENDING HYSICIAN	MEDICAL STAI	IAN	10/0	1 182			
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O T	retained by th TO FUNERAL should be detained with the State	MPORTAN		Dr. Frie	Wein	er		Sil	nai	Hospital	ot	Ba 14	imone			
5	S T S	≦	23a. B	URIAL, CREMATION, REMOVAL			NAME OF C	EMETERY OR CR	REMATORY	23d LOCATION						
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		(00		INERAL DIRECTOR					25a. DATE			RAR'S SIGNATI				
	H - 16 50M 4 (VRA 15, 4)	/83	J	AMES N. KOTSIS	F.H. 6	ADDRESS Wine	dsor M	111 Rd.	OCT	9 1085	Filia De	widson As	ndelle			
					_ ,, .				40000	- 1000						

with ore sit, 2 to 2 10 . Ti .ic. m.t ster. attie carl nittl Lincopplysh, Sr. 135-c2-6362 Mellie n. Egrd, 3633 Turont Avenue, 21215 Cremation 10/9/85 Negoview News, Earla Catons Ille, Caltimore Co, LT JAMES K. KOTELS J.R., OLIL WINGSON VILL Ed. T. OUT . R. C. B. C. B

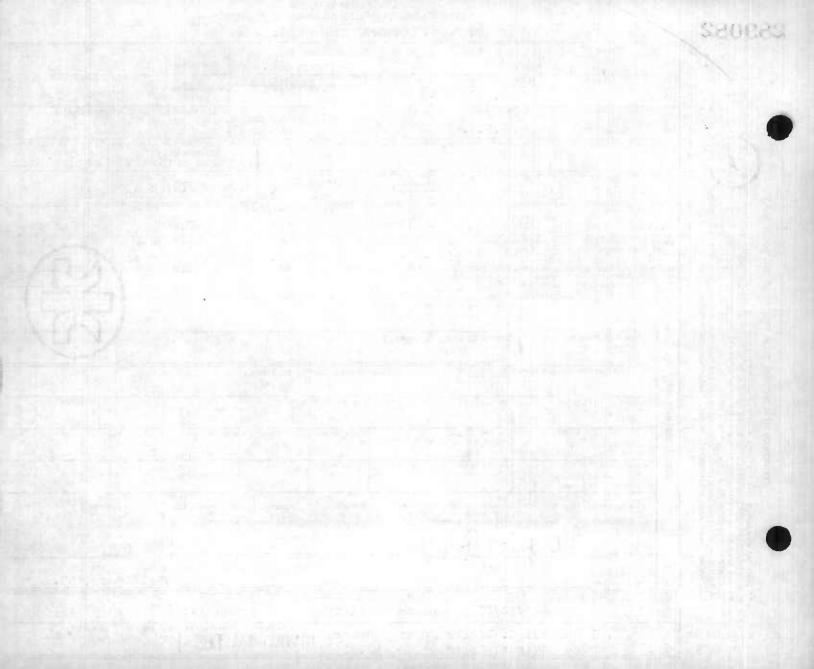


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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	OR ATTENDING PHYSICIAN. The low requires that the death certificate is more removed the death of the death of the may be the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the Osteld of physicial and according to the formal advector Redelfal Concepts on the buriotrions of permit. The passet expected for the passet expected for the passet expected for the passet of the pas
I., BALTIMORE, A	ficate k	physician and an
W. PRESTON ST	at the death cert	Set e Cote of g
RECORDS, 201	e law requires th	os been signed
ISION OF VITAL	PHYSICIAN: The	r this certificate h
VIO	OR ATTENDING	DIRECTOR: After

FOR 1 - STATE REGISTRAR	DEPARTM	STATE OF MARYLAND LENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 5 5 2	7083				
I DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH DAY	YEAR 26 HOUR				
CRAWFO	RD R.	CALDWELL JR.	OCTOBER 27, 1985	12:42				
E SEX	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	1100	UNDER I YEAR IF UNDER 24 HRS				
male	black	4 3 1951	9 BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY					
male	TO CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED X						
BALTIMORE	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A THE JOHNS HOP)	OORESS)	17a USUAL OCCUPATION [TYPE OF WORK FOR MOST OF WORKING LIFE] Disabled	MD. 12b. KIND OF BUSINESS OR INDUSTRY				
USUAL RESIDENCE (IF NUKSING HOME OR 130. STATE Md 13b. COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION) 13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE 2662 Presbury) Street 21216				
14. FATHER'S NAME FIRST Crawford	NIDOLE LAST Caldwel	15 MOTHER'S MAIDEN NAM	ME	Roberts				
160 WAS DECEASED EVER IN U.S. AR/		RITY NO. 17 INFORMANT	. Caldwell 2662 Pr	esbury Street				
	y ane cause per line for (a), (b), and D BY: E CAUSE (a) Cardia au	Imenary stre	,t	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) ONDITIONS CONTRIBUTING TO D		NIMAL DISEASE OR CONDITION GIVEN	IN PART Ita				
CGRTIFICATION CERTIFICATION CERTIF	196 CONDITION FORWHICH	4 C LOS C OPERATION WAS PERFORMED		VERE FINDINGS USED NG CAUSES OF DEATH?				
OR CONTRIBUTING TO CAUSE OF DEA	TH HOUR A.M. MONTH DA	Y YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18 PART	1 OR PART 2}				
THE STHERE MOTIFY MEDICAL EXAMINES. TO DO THE STHERE MOTIFY MEDICAL EXAMINES. THE STHERE MOTIFY MEDICAL EXAMINES. TO THE STHERE MOTIFY MEDICAL EXAMINES.	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE FA	RM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE				
sew the deceased glive an	all attended the deceased from Cook of 19	, and that in (my) (aur) apinion (, ta October 27, 19 death occurred an the date and havi a					
TALOR / y the ho y the ho ho was a second part of the formal of the formal was a second part o	? (helat		MEDICAL STAFF DIRECTOR PHYSICIAN	122. DATE SIGNED 10-17-85				
Dould Branch Miles	Chebot, mo.	Bulti	N- Wolfe St.	<u>L</u>				
BP230. BURIAL, CREMATION, REMOVAL		dar Hill Cemetery	Anne Arundel	CO Md				
OHMH 16 60M 7/B4 (VRA 15, 4) 24 FUNERAL DIRECTOR NAME William C. March F	/H Inc West 4300) Wabash Ave	OUT 29 1985 REGISTRA	R'S SIGNATURE				



STATE OF MARYLAND



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH MONTH DECEASED NAME EIRST 2b HOUR TYPE OR PRINT F. OCTOBER 18, 1985 DAVID CAMPBELL 01:44 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) 3. SEX 4. RACE IF UNDER LYEAR July 15, 1952 Male White 33 BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY BALTIMORE CITY Maryland USA DIVORCED WIDOWED . . OCITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY JOHNS HOPKINS HOSPITAL BALTIMORE Teacher School School USUAL RESIDENCE (IF MURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION No COUNTY 300 N. W. Front 13c CITY OR TOWN 113d INSIDE CITY LIMITS? Delaware Kent Milfort YESX 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Ethel May Canfield Robert C. Campbell 300REN. W. Front St. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17 INFORMANT IF YES, GIVE WAR OR DATES! No 56 8490 Nancy Campbell, Milford, De. 19963 18 CAUSE OF DEATH Enter only one cause per line for iai, (b), and ic PART I, DEATH WAS CAUSED BY. hermation Drain Stem wur IMMEDIATE CAUSE 10). DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which Metastatu gave rise to immediate couse (a), stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:00 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO X YES [210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IE EITHER, NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d INJURY OCCURRED 71e PLACE OF INJURY CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, EARM, ETC.) NO! WHILE 220.1 certify that (1) (this hospital) attended the deceased from_ saw the deceased alive an October 18 , and that in (my) (aur) apinian death accurred on the date and have and from the causes stated abave, (1) (we) (did) (did not) view the bady after death DEGREE 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL, CREMATION, REMOVAL Burial 10/21/85 Lake Nelson Mem. Pk. Piscataway.

- 16 60M 7/B4 (VRA 15, 4)

Mittord, De.. C. Bew

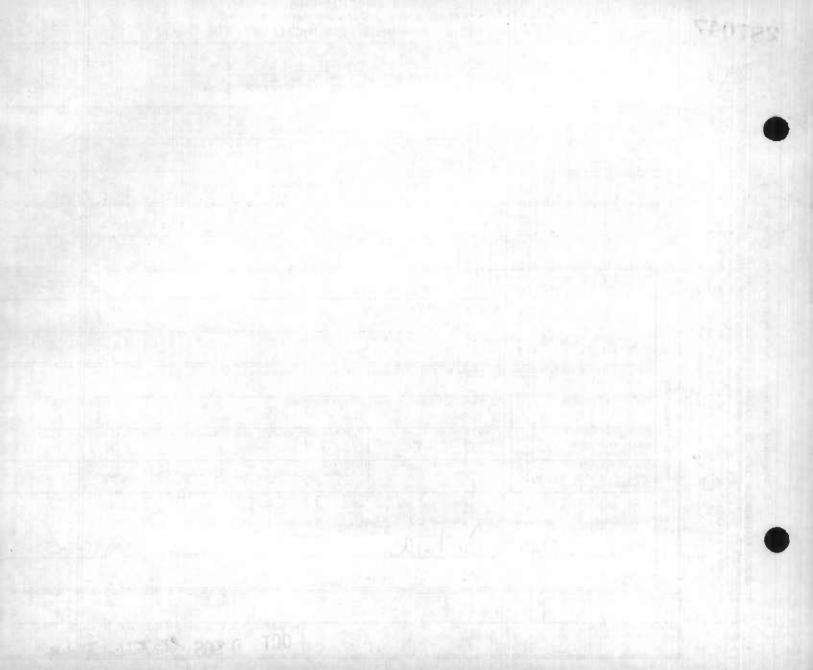
250. DATE REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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一世 名がき		FIRST	Unkn.	WIDDLE		LAST		Rowen	a	MIDDLE	Canfield		
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LA FARENCE I	1	No	(P YES, GIVE	WAR OR DATES)	Non	e		Ms. R	owena	Canfield -	Same	as #13	
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BOVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXEC RITING THE WORD "FENDING" RDED TO THE CHIEF MEDICAL ES 3 SHOULD BE USED AS A BUY E DEPARTMENT OF HEALTH AN OT PRIOR TO BURIAL, CREMATIN	No	H17 V											
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TO MEDICAL EXAMINER: IT EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNEAL DIRECTOR: PAGE DEATHWRE SITHWARE MARYLAND, 2	23 a B		ON, REMOVAL	236 DATE	736	NAME OF CE	METERY	R CREMATORY	123	16 LOCATION			
07/84 BP	1		oval	10/3/85						CITY OR TOWN	COUNT	Y	STATE
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23.	25 5 5 5 E	(TYPE OR PRINT) Robert			SIMMS Cand								10-14 1985		
	IS NECESSARY, PLEASE E FUNERAL DIRECTOR E S FOW YOUR FILES. ED, WITHIN 72 HOURS W. PRESTON STREET,	3 SEX		4. RACE	S. DATE OF BIRTH	YEAR	6 AGE (IN YEARS	IF UND	ER 1 YR.	IF UNDER		2c. DATE	MONTH	DAY YEAR	R 2d HOUR
	DOUR OUR ON S	M	ALE	WHITE	JULY 8,19		45 YRS.	MONTHS	DAYS	HOURS	MIN.	PRONOUNCED DEAD	10)-14 1985	10:00
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	N S FOR			ON.D.C.	U.S.A.	81		IDOWE		DIVORCI		Baltimo			MD
	LAY IS NE O THE FUN PAGE 5 F PAGE 5 F E FILED, W	100	TY OR TOWN		11. NAME OF HOSP			ROTHER	INSTITU	TION		JAL OCCUPATION MOST OF WORKING LIFE		OR INDUS	STRY
	S P P P P P P P P P P P P P P P P P P P		altimor		Deaton M			er			SEI	F EMPLO	YED	FOOD	
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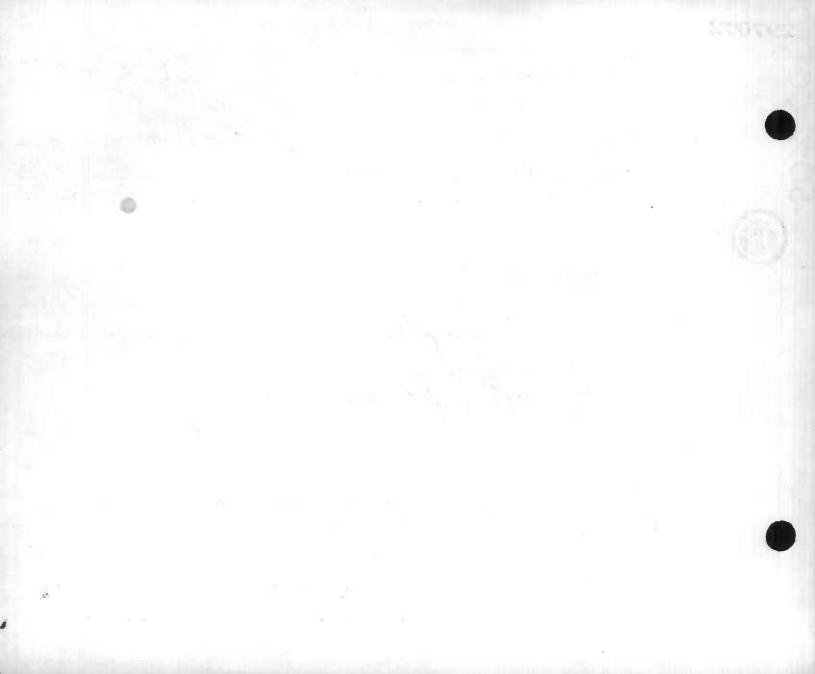
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DIVISION OF VITAL S CERTIFICATE SHOURING THE WORE REDED TO THE CHIEFE SHOULD BE USE TO ERRARMENT OF THE CHIEFE SHOOR TO BURLAN TO PRIOR TO BURLAN	21a E	XTERNAL CAUSE WAS	21b. TIME OF	FINJURY	21c. H	OW INJURY OCCURRE	D LENTER NATURE OF INJURY IN	ITEM 18 PART 1 C	OR PART 2)	103 124	140 🚨
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DIVISION OF VITAL REMANDER. THIS CERTIFICATE SHOUD FRICATE, WRITING THE WORD THE FORWARDED TO THE CHIEF ACTOR: PAGE 3 SHOULD BE USED AT THE STATE DEPARTMENT OF HE CAND, 21201 PRIOR TO BURKAL			7			V					
第288年著7人	"	Re. I certify that I took charge of	/ 40		an Autap	, , , , , , , , , , , , , , , , , , , ,	n L., Inquiry L.,	and in my	y apinian		
MERCH S	deat	th resulted fram: Natural c	duses] .	Accident X	Suicide	, Hamicide	Undetermined manner	□,			
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₩ 5₩ 5 ₩5	EXAM	OR PRINT) Gregor	rv R. Ka	auffman, l	M.D.	ADDRESS 1	11 Penn St.				
DIVIS TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PACE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PACE 3 S AFTER DEATH, WITH THE STATE DEF BATTIMORE, MARYLAND 2 1201 PR		CREMATION, REMOVAL 236				R CREMATORY	23d. LOCATION				
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g Tangar	- Committee	ATHER'S NAME				15. MOTHER'S MAI			I A AVEI		
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MO DE A	16a \	WAS DECEASED EVER IN U.S. AR	MED FORCES?	166. SOCIAL SECURITY	Y NO. 1	7. INFORMANT		ADDRE	SS		
A PACE A		No		219-80-741	3	etha Cap	ers 4131	Park	Height	s Avenu	е
		18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSED	y ane cause per line	e far (a), (b), and (c).)	400	16.00				APPROXIMAT BETWEEN ONSE	E INTERVAL
NA WASHINGTON			E CAUSE (a)	Narcotism							
THE STATE OF THE S		Canditians, if any, which	DUE TO, OR	AS A CONSEQUENCE O	OF						
10年2月2日		gave rise to immediate cause (a) stating the under-	(b)	AS A CONSEQUENCE O	26						
MED PER	18	lying cause last.	(2)	A A CONSEGUENCE C							
SAN	1	PART 2 OTHER SIGNIFICANT CONDITIONS	ONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	INAL OISEASE O	OR CONDITION GIVEN IN	PART Lia				
BOVISION OF VITAL RECORD S CERTIFICATE SHOULD BE EXE RITING THE WORD "PENDING SPED TO THE CHIEF MEDICA SE 3 SHOULD BE USED AS BE E DEPARTMENT OF HEATH A OUT PRIOR TO BURIAL, CREMA	NO										
VITAL R SHOULD ORD "PE CHIEF E USED T OF HE	CERTIFICATION	19a. DATE OF OPERATION	196 CONDI	TION FOR WHICH OPER	ATION WA	S PERFORMED?				20 AUTOPSY	?
F SSERIES T	1 E									YES 🔀	NO [
CERTIFICATE TING THE WED TO THE 3 SHOULD B DEPARTMEN		210. EXTERNAL CAUSE WAS UNDERLYING OR		f Injury 1. month day year	21c. HO\	W INJURY OCCUR	RED (ENTER NATURE	OF INJURY IN ITEM	18 PART 1 OR PAR	T 2]	134.1
SHO TO	MEDICAL	CONTRIBUTING CAUSE OF D		OF INJURY (AT HOME,	21f LOCA	ATION					
S CEI RETITION RESERVATION REDE	ME	WHILE NOT WHILE DAT WORK		TORY, FARM, ETC.]	STR		CITY O	RTOWN	cou	NTY	STATE
DIVISION OF VITAL R WER: THIS CETIFICATE SHOUL CATE, WRITING THE WORD. "P FORWARDED TO THE CHIEF OR: PAGE 3 SHOULD BE USED THE STATE DEPARTMENT OF H ND, 21201 PRIOR TO BURIAL,						v					
AND STATE OF		220 I certify that I toak charg	al causes X.		Autapsy	X, Inspect			and in my api	nian	
KAAN ERTII D BI WITH ARYI		A Natur	arcaoses E_1,	Accident [], 301	cide L,	TITLE (SPECIFY)	. Undetermine	a manner	J.		
ALE ALE		ACTUAL SIGNATURE	ony	_	M.D		nt MEDICALE	XAMINER	DATE	10-27-	-85
MEDIC CUTE THE CUTE THE FUNER SHER FUNER SHE	/	EXAMINER'S NAME Ann	M. Dixon	M D		111	Donn Ct	+ובם			1
TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2		(TYPE OR PRINT)				DURESS	Penn St		U., MI	21201	T
10-11	23a. B	URIAL, CREMATION, REMOVAL 2		23c. NAME OF CEM			23d LOCATIO	N	COUN	FY 51	TATE
07/84 BP/ 5 //	24 F	UNERAL DIRECTOR	11/2/85	<u> Lastview</u>	Memo	rial Park	Balti E REC'D. BY REGIS		GISTRAR'S SI	MI	U
DHMH - 17 (VR A15 ME (5))	Wi	liam C. March F	/H West 4	1300 Wabash	Avenu	2000000	37. 7095	12	E. trans	Mand -	



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2769

1	REGISTRAR		CERTII	ICATE OF DEATH	REG. NO.		
1	DECEASED NAME FIRST	MIDDLE		LAST		ONTH DAY YE	AR 2b HOUR
1	(TYPE OR PRINT) WILLAR	D F.	CAREY		OCTOBER 23,	1985	2:10 Pm
3	SEX	4 RACE	5. DATE (6. AGE (IN YEARS LAST BIRTHE		YEAR IF UNDER 24 HRS
1	MALE	WHITE	APR	IL 2, 1908 R	77	YRS	
T	BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT	COUNTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY OR		н
	NEW YORK	U.S.A.	WIDOW	70.00	Baltimore	City	MD.
Ø	CITY OR TOWN OF DEATH	11. NAME OF HOSP	ITAL, NURSING HOME (OR OTHER INSTITUTION	12a USUAL OCCUPATION		ND OF BUSINESS OR
	Baltimore		General Ho		SALES REP		CTAPHONES_
P	AL RESIDENCE (IF NURSING DATE OF		ESIDENCE BEFORE ADMISSION)	113d. INSIDE CITY LIMITS?	13e STREET ADDRESS / 2	ZIP CODE	14494
1		BEACH B	OCA RATON	YES NO X	21949 CARTA		33428
1	FATHER'S NAME FIRST	MIDDLE	LAST	15 MOTHER'S MAIDEN NA	WE		LAST
7	DANIEL		CAREY	EDITH		CLEL	AND
2		E WAR OR DATEST	SOCIAL SECURITY NO.		UGHTER) ADDRESS	TOTOMAG	MD. 20854
1	NO	5'	77-10-5465	ELIZABETH C	. GEORGE, 7954		
I	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE					BETV	PROXIMATE INTERVAL VEEN ONSET AND DEATH
1		TE CAUSE (o) Se	psis				
1		DUE TO, OR AS	CONSEQUENCE OF				
1	Conditions, if ony, which gove rise to immediate	(b)Pn	eumonia				
1	couse (a), stating the underlying cause last.	DUE TO, OR AS	A CONSEQUENCE OF				
1		((c)					
1	PART 2. OTHER SIGNIFICANT C			NOT RELATED TO THE TERM	AINAL DISEASE OR CONDI	TION GIVEN IN PAI	₹T 110
H	Chronic Hy 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING		FOR WHICH OPERATIO	IN WAS PERFORMED	20a AUTOPSY?	206 JE YES, WERE FI	NDINGS USED
4	1	178 00.1011.011	TOR TITLE OF ERRAIN	TO ASTERIOR SIMES	YES NOTA	CERTIFYING CAL	USES OF DEATH?
4	210 ACCIDENT WAS UNDERLYING	216. TIME OF INJ	URY	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	YES IN ITEM IS PART 1 OR PAR	NO [
	S	OH .	MONTH DAY YEAR	100			
	(IF EITHER NOTIFY MEDICAL EXAMINES	P.M. 21e. PLACE OF IN	JURY 19	211 LOCATION			
1	MHILE NOT WHILE I	(AT HOME STREET, FA	CTORY, OFFICE, FARM, ETC)	STREET	CITY OR TOWN	COUNT	Y STATE
1	22a certify that % (this haspi	ital) attended the dec	eosed fromQEtO	ber 2. 19 85	to_October	23. 19 85	that XIX (we) last
1		October 2	3. 19 85	nd that in (X y) (our) opinian			
1	226 SIGNATURE	View the body offer	deorn.	DEGREE		27s D	ATE SIGNED
	X Your 4	Fence	- 7/1	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIA	NET	1123/88
1	220. PHYSICIAN SNAME (TYPE	OR PRINT)	7.1	22e ADDRESS			10
	Jorge F Fer	ror M D		c/o Marulan	d General Hos	spital	

DHMH - 16 60M 7/B4 (VRA 15, 4)

BURIAL 10/26/85 PARKLAW
1804 T ST., N.W. WASHINGTON, D.C. 20009

23b. DATE

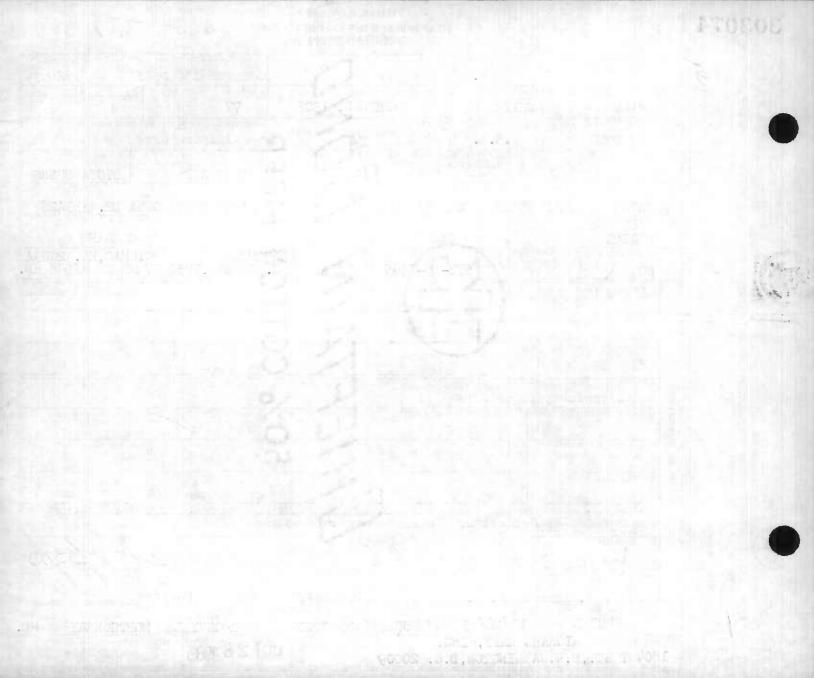
23a BURIAL, CREMATION, REMOVAL

230 NAME OF CEMETERY OR CREMATORY PARKLAWN CEMETERY

23d LOCATION
CITY OF TOWN
ROCKVILLE

MONTGOMERY

MD.



STATE OF MARYLAND

300000 WARPERSON A COLLAR DOWN IN A STREET AND A ST

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 291070 REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWNXT 26 HOUR (TYPE OR PRINT) OF ESTI-E. DEATH MATED James Carmon 10 11 19 85 4. RACE 5 DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS 24 HOUR 2c DATE VEAD LAST BIRTHDAY) PRONOUNCED 6:35P 261 Male Black 28 DEAD 11 19 85 10 76 CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) laryland USA WIDOWED [Baltimore City, DIVORCED CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 128. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Sanitation Baltimore Co. (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS Baltimore University Hospital SUAL RESIDENCE HE IN NURSING OME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13c CITY OR TOWN 134 INSIDE CITY LIMITS? 13. STREET ADDRESS YES NO 1949 Sand Maryland Sandalwood Rd. 21221 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Bennie Carmon Genevieve Blount 17. INFORMAN II. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO ADDRESS YES, NO, OR UNKNOWN HE YES GIVE WAR OR DATES! 213-68-8161 Kevin Carmon 949 Sandalwood Rd. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Multiple injuries IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g 196 DATE OF OPERATION 1% CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO : MENT TO BU 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR AM: MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) UNDERLYING TOOR 11.43 P.M. 2219 85 Driver in auto/auto impact CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (AT HOME. 21d INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC) COUNTY STATE AT WORK road Rt. 695 & Chesaco Ave. Balto. MD. Autopsy X at I took charge of the remains described above, held an Inspection Inquiry and in my apinian death resulted from couses Homicide Undetermined monner TITLE (SPECIFY) TO FUNERAL D AFTER DEATH. ACTUAL M.D. Acting ChiefEDICAL EXAMINER SIGNED 10/12/85 SIGNATURE EXAMINER'S NAME Thomas D. Smith, M.D. 111 Penn St. Balto.MD. (TYPE OR PRINT) ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23s. BURIAL, CREMATION, REMOVAL 23b DATE Buria. King Memorial Park Baltimore, 07/84 BP 25M 24 FUNERAL DIRECTOR 256. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 17 offinelly Funeral Home of Dundalk (VR A15 ME (5))

STATE OF MARYLAND

FOR

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MA

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY

GIENE	8

27596

- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
1. DECEASED NAME FIRST	MIDDLE	LASI	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
CLI	NTON DeWitt	CARR	10 2	0 85 2:35
1 SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24
Male	White	March 28,1905	80 YRS.	MONTHS DAYS HOURS
BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	? 8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH
Maryland	USA	WIDOWED DIVORCED	DATESTACE OFFI	
BALTIMORE	(IF NOT IN SUCH FACILITY, GIVE STREET	ING HOME OR OTHER INSTITUTION OF ADDRESS) KINS HOSPITAL	128. USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIE OWNET	Advertising
JSUAL RESIDENCE (IF NURSING HOME 136 COI Maryland		WN 13d INSIDE CITY LIMITS? YES YES NO □	13e.STREET ADDRESS / ZIP CODE 4210 Wickford	Rd. 21210
J. Harry Carr	MIDDIE LAST	15. MOTHER'S MAIDEN N Marian G	Genevieve Burch	tast
16a. WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, O	ARMED FORCES? 16b SOCIAL SEC GIVE WAR OR DATES) 159-03-		ADDRESS ATT Same	
PART I. DEATH WAS CAU		tony Herest LENCE SEPSIS		APPROXIMATE NITERV. BETWEEN ONSET AND DE 4 MINUTES 24 hours
underlying cause last.	(c) Merasto		SCINOMA RMINAL DISEASE OR CONDITION GIV	345 ZEN IN PART 1(a)
19a DATE OF OPERATION 19a DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED		S, WERE FINDINGS USED YING CAUSES OF DEATH
				S NO
00 000 000 000 000 000		DAY YEAR 19	JRRED (ENTER NATURE OF INJURY IN ITEM 18. I	PART I OR PART ?)
OR CONTRIBUTING _ CAUSE OF E	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STA
	pirol) attended the deceased from 19-		on death occurred on the date and hou	19, that (I) we or and fram the causes state
22b. SIGNATURE	olden viewne body after death.	DEGREE ATTENDING	MEDICAL STAFF	120 DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL Cremation

236 DATE

23c NAME OF CEMETERY OR CREMATORY Oct. 21,1985 Greenmount

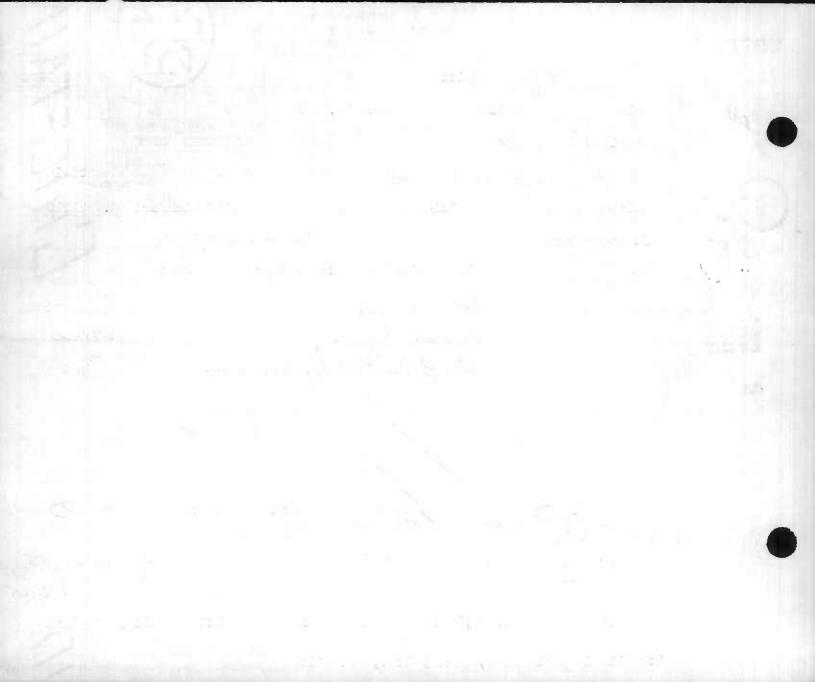
22e ADDRESS

Baltimore City, Maryland

24 FUNERAL DIRECTOR

6500 York Rd. Mitchell-Wiedefeld Home, Inc. Balto., Md.21212

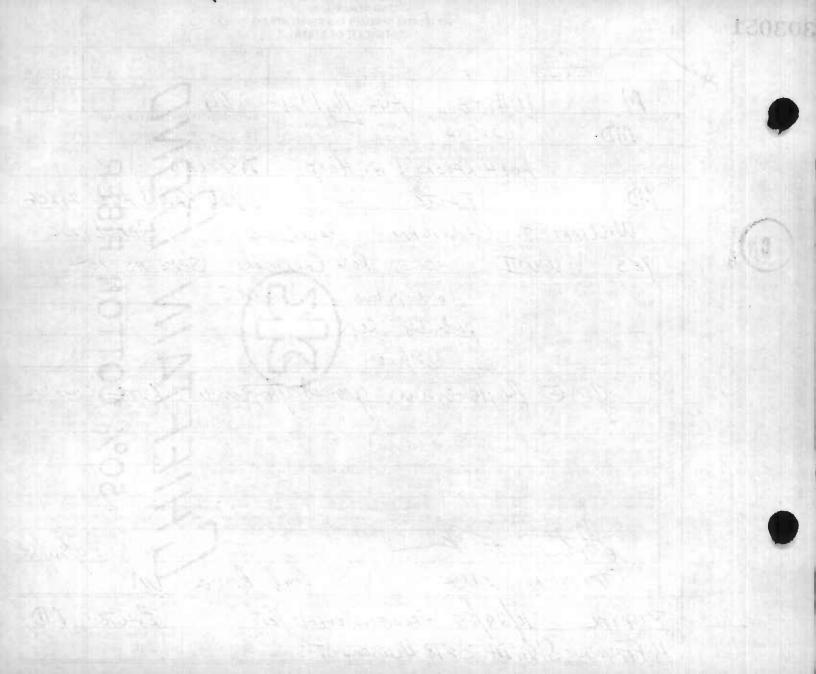
DHMH - 16 50M 4/83 (VRA 15, 4)



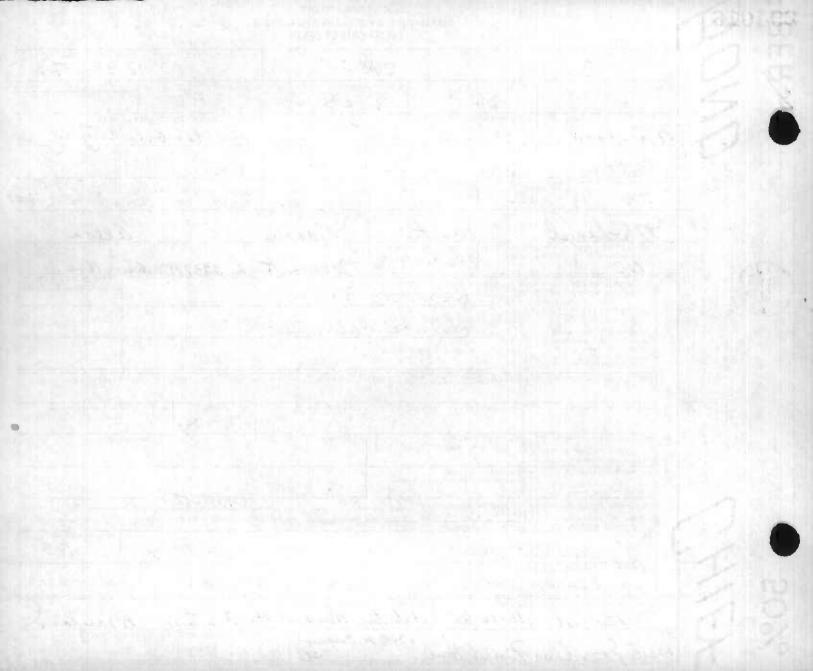
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SO X	المرا	1	REGISTRAR			٨	AEDIC	CALE	XAMINI	ER'S C	ERTIFIC	CATEC	F DEA	TH	REC	G. NO.	11			
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5	E E E		MARYLA	ND		15	U.S	. A .		WIDOW	_			Balt	timor	e Cit	tv.			AAF
S NE	THE FUNERAL DIRECTOR. PAGE 5 FOR YOUR FILES. E FILED, WITHIN 72 HOURS CON W. PRESTON STREET.	10. CI	TY OR TOWN	OF DEAT	Н	II. NAME OF				OR OTH	ER INSTITU		112a USU	JAL OCC	UPATION	LITYPE OF W		KIND O		VESS
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21201 ANY	24500	13a. S	TATE	113	36. COUNTY			c CITY	OR TOWN	,	13d INSIDE CI	ITY LIMITS?	13e STR	EET ADD	RESS					
	AL RECOURT		RYLAND		CI	TY		BAL	TIMOR	E	YES X	NO 🗌	13	N	POTO	MAC	ST.		212	24
₩ I	A232	14. FA	ATHER'S NAME			MIDDLE			AST	3	15. MOTHE	R'S MAID	EN NAME		MIDDLE		- 15-11	LAST		
ORE, MD.	SA SA SOC	N	ORMAN		P	Α.	SZY		SKI		SI	TELLA	A			P	NDR	EJ C	ZUK	
0 2	FORM SES IA ION OF	16a V	VAS DECEASEL				- 1	6b SOC	IAL SECURITY	NO.	17 INFORA	MANT _{C T}	STEF)	ADD	RESS	KLEI			
.5	Sere	1 "	NO. OR UNKNO	(MM)	N / A			212	.60.34	189	MRS.		EN A		RIFE			JERN	_	ARI
ST. BALTIM	WITH WITH DIVISI	F		E DE ATH		one couse per	line for	(-) (h)	and (a))		III.	1(111)	1111 1	1. 0	WILL	114		APPROXI	MATE INT	ERVAL
5/0	FUZY.		PARTIDE	ATH MALA	S CALICED S	DV				wi 00							-	BETWEENC	INSET AN	D DEATH
O. 42	田の西部女	7	81	27)	IMMEDIATE	CAUSE (o)			SEQUENCE O		4									
EST	A TIN ON		Condition	ns if on	which	DOE TO,	OR AS	A COIN	SEGUENCE C	7										
Z - E	INCIL INTERNATIONS TRANSIT HY		gove ris	se to in	mmediote) . (b)			L CALL											
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DIVISION OF VITAL RECORDS, 201 W. PRESTON	ENDING" IN PENCHEDICAL EXAMINA AS A BURIAL-TRA ALTH AND MENTA CREMATION, OR		PART 2 OTHER SI	GNIFICANT (CONDITIONS CO	NTRIBUTING TO DE	ATH BUT	NOT RELAT	EO TO THE TERMIN	NAL DISEASI	OR CONDITION	N GIVEN IN PA	RT 1 (a)							
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D SH	WARDE WARDE PAGE 3		WHILE AT WORK	AT WO	ORK XX	S	tree	et		58	00 bl	k. E.	Lomb	pard	St.,	Balto	O., M	d.		
oi.	ATE, WRITING THE WOR DRWARDED TO THE CH RE PAGE 3 SHOULD BE LE ESTATE DEPARTMENT OF 21201 PRIOR TO BUR		The state of the s			of the remark	describ	ed obo	e, hald on	Autop	XXV	Inspectio		Inquit		and in r	пу оріпіс	20		172
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Z 244/	DHMH - 17	74 F	NAME	TOR	N. F	uphi	inn					25c. DATE	KEC'D. BY	REGISTI	9 -	REGISTRA				
(V	(R A15 ME (5))	S:	INGLET	ON I	FUNER	AL HO	ME,	GL	EN BU	RNI	E, MI	1000	17	1985	Jun	a David	(201/-/	pande	52	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 288126 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME DATE KNOWN (TYPE OR PRINT) ESTI-Phillip Carrick DEATH MATED X 10/6/19 85 3 SEX 4 RACE 5 DATE OF BIRTH TIE UNDER 24 HRS DATE LAST BIRTHDAY) PRONOLINCED Male White DEAD 9/19 85 1:45F 1922 63 YRS Th CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland Baltimore City, WIDOWED DIVORCED O CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINES 5618 Plymouth Rd. Pleasant Grounds Balto USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 113b. COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 5618 Plymouth Road 21214 Maryland NO T Baltimore 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Carrick Ruby 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 7 INFORMANT (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATEST No 217-12-0815 Mrs. Kathleen Armetta 26 Oak Grove Dr 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY BETWEEN ONSET AND DEATH Gunshot Wound to Head IMMEDIATE CAUSE (o)____ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19g. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL. HEAD ONLY MER: This COATE WRITING TO A READED TO THE COATE WRITING TO THE COATE SHOULD BE UT TO A REDEPARTMENT OF THE COATE OF THE O 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING P.M. 10/6/1985 self inflicted wound CONTRIBUTING CAUSE OF DEATH 2 In PLACE OF INJURY (ATHOME 214 INJURY OCCURRED 211 LOCATION AT WORK AT WHILE 5618 Plymouth Rd. Balto. City, Md. bedroom 220. I certify that I took charge of the remains describe HEAD he ONLY Autopsy X PAGE 4 SHOULD BE F TO FUNERAL DIRECTO AFTER DEATH, WITH TH BALLIMORE, MARYLAN Suicide X death resulted from: Accident Homicide Natural couses TITLE (SPECIFY) Assistant MEDICAL EXAMINER 10/10/85 EXAMINER'S NAME 111 Penn St. Margarita A. Korell, M.D. (TYPE OR PRINT) 230 BURIAL CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE Baltimore Parkwood Cemetery 07/84 Maryland 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) Leonard J. Ruck, Inc. 5305 Harford Road 21214

E CON . M. Low Strong all Strong and Land True name alternated State or or in the to liver training of philosophy and fifther carl Comment J. Suck, Inc. 3707 Inclosed Book over 1



294016		FOR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY	GIENE 8 5	27/00
	1	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
oge 3		CEASED NAME FIRST Brend	MIDDLE	CARTER	20 DATE OF DEATH MONTH	12 85 17 P M
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AND 212	13e.	STATE 136 COUR	OTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 1311 CITY OR TOW	ADMISSION) N 13d. INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS / ZIP CO	Lone, Ap+202; 3000
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DIVISION OF VITAL RECORDS; 201 NG PHYSICIAN: The low requires th ottending physicion. After this certificate has been signed to so the buriol-stronsst permit. Then pleo th and Mental Hygiene prior to buriol, orked or them 18 shows ony injury, or or	CERTIFICATION	PART 2. OTHER SIGNIFICANT (DEATH BUT NOT RELATED TO THE TERM	20a AUTOPSY? 20b. IF	GIVEN IN PART 1101 YES, WERE FINDINGS USED YES OF DEATH? YES OF NO O
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AL OR ATTEN the hospitol AL DIRECTOR: attoched for us te Dept. of He i; if hem 21 is		saw the deceased glive on obove, (I) (wey didy) did no 77b. SIGNATURE	ital) offended the deceased from 10 112 185 19 19 19 19 19 19 19 19 19 19 19 19 19	DEGREE	deoth occurred on the dote and l	22c. DATE SIGNED
TO HOSPITAL retoined by the TO FUNERAL should be deter with the Store with the St		1276 PHYSICIAN'S NAME (14PEC) LAWRENCE		22e ADDRESS		Balt MD Z1209
BP		BURIAL, CREMATION, REMOVAL BURIAL	13b. DATE 10-16-85 23c P	NAME OF CEMETERY OR CREMATORY	PA CITY OR TOWN!	COUNTY STATE STATE
DHMH - 16 50M 4/83 (VRA 15, 4)	24 F	UNERAL DIRECTOR	Finess O Home	1348 N. Callerin 250. DA	TE REC'D. BY REGISTRAR 25b. REG	distrar's signature



00025	1.	FOR STATE		DEPARTMENT (TATE OF MARYLAND OF HEALTH AND MENTAL HY	GIENE 3 5	2 7	101
0020		REGISTRAR CEASED NAME FIRST	MIDDU		TIFICATE OF DEATH	REG. N. 20. DATE OF DEATH		YEAR 26 HOUR
poge 3	{TYPE	CATHE	RINE	CF	FRTER	10/13/	1985	4.44 /
e od a	3 SE		4 RACE	5. DA	TE OF BIRTH	6. AGE (IN YEARS LAST BIR		LYEAR IF UNDER 24 HRS
ecto urs of	1	FEMALE	BLACK		Y 28, 1900	85	YRS.	
1 EE		RTHPLACE (STATE OR FOREIGN COUNTRY) MARYKAND	76 CITIZEN OF WHA	MAI	RRIED NEVER MARRIED DIVORCED	9. BALTIMORE CITY O	R COUNTY OF DEA	
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1100	3a S	AL RESIDENCE (IF NURSING HOME) TATE 136 CO		RESIDENCE BEFORE ADMISS CITY OR TOWN BALTIMORE	ON) 13d. INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS	ZIP CODE 5 DTGBY RO	DAD 21207
NB	4 FA	CHARLES	WIODIE	COATES	15. MOTHER'S MAIDEN NA FIRST CARRIE	AMÉ MIODLE	F	RHODES
1		VAS DECEASED EVER IN U.S. VES NO OR UNKNOWN) (IF YES.	GIVE WAR OR DATES)	SOCIAL SECURITY N		CA TRUESDAL		IGBY RD. 212
1		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse per line SED BY:	CONGES	TIVE CARD	IA-C FAI		MONTHS
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n sign Then properties to bu	NO	PART 2. OTHER SIGNIFICAN	i conditions <u>conti</u>	RIBUTING TO DEATH	BUT NOT RELATED TO THE TER/	minal disease or con	DITION GIVEN IN PA	ART 110
on. hos bee t permit. ene prior	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION	N FOR WHICH OPERA	TION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE I IN CERTIFYING CA YES	FINDINGS USED AUSES OF DEATH? NO
SICIAN: The ng physicion certificate hiriof-transit gental Hygier tem 18 short		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M.	MONTH DAY YE	AR 21c HOW INJURY OCCUP	RRED (ENTER NATURE OF INJU	RY IN ITEM IB PART I ORP	ART 2)
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ortol or TOR: Afror use o for use o of Health		22a I certify that (I) (this has saw the deceased alive above, (I) (we) (did) (did	on	19	ond that in (my) (our) opinion	to 10113	ote and hour and fro	, that (I) (we) lost
TAL OR A y the hosy RAL DIREC detoched itate Dept. NT: If Item		22b SIGNATURE	RAnjel.	-CC ^	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF 22c	DATE SIGNED
HOSPI bined b buld be th the S		22d. PHYSICIAN'S NAME (14)	MJA Ring	mo	73 ALTT	nove, mc	es GEN 21218	hospi Ja
Og Ogs M		BURIAL, CREMATION, REMOV	AL 236. DATE	23c. NAME (OF CEMETERY OR CREMATORY	23d. LOCATION	YOUNTY	STATE
BP		BURIAL	10/19/8	5 ARBU	TUS MEMORIAL PA	RK BALTIM	ORE (BALT	ro.) MD.
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FI	BURLAL JNERAL DIRECTOR LEWIS T. GWYN			25a DA	TE REC D. BY REGISTRAR CT 1 5 1985		

LEWIS T. GWYNN 4517 PARK HEIGHTS AVE. 21215

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	STATE OF MARYLAND		14
FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	8	5
STATE REGISTRAR	CERTIFICATE OF DEATH		REG. N

FOR STATE REGISTRAR			DEPARTM		TEALTH AND MENTAL H	IYGIENE	8 5 REG. N	2. o.	7	1 0	2
I. DECEASED NAME	FIRST	N	NIDDLE		LAST	20. [DATE OF DEATH		AY YEAR	Zb. HOU	IR
(TYPE OR PRINT)	Johnn	У	Carte	r			Oct 14t.	h 1985	5	139	М
3 SEX		RACE		5. DATE		6. A	GE (IN YEARS LAST BIR	THDAY)	FUNDER I YEAR	_	-
Male		Black		MONT.	6-23 YEAR	16	2	YRS	ONTHS DATS	HOURS	MIN.
To BIRTHPLACE (STATE	OR FOREIGN	L CITIZEN OF	WHAT COUNTRY?	8	- D visite washing T	9 B	ALTIMORE CITY O		OF DEATH		
N. C.		USA		WIDOW	D NEVER MARRIED	n B	altimor	e, Ci	ty		MD.
Balto.	DEATH	UF NOTIN SUC	OSPITAL, NURSING FACILITY GIVESTREET CALVE	ADDRESS)	OR OTHER INSTITUTION ROad	{TYP	USUAL OCCUPATI E OF WORK FOR MOST O Retired		126 KIND C INDUSTRY		SS OR
USUAL RESIDENCE (IF N 130 STATE MD.	13b. COUN	OTHER INSTITUTION TY	GIVE RESIDENCE BEFORE 134. CITY OR TOW Balto	N	134 INSIDE CITY LIMITS	? 13e.S	STREET ADDRESS	ZIP CODE Calv	2 erton	122 Rd.	3
14 FATHER'S NAME	A	NIDDLE	LAST		15 MOTHER'S MAIDEN	NAME	WIDDLE	M	LA	ST	
UNKN		FD FORCESS	16b. SOCIAL SECU	INTERNAL CO	17 INFORMANT	IKNO	ADDRI	ςς.	-		
(YES, NO OR UNKNOWN)		WAR OR DATES)	ann A	-086		ter		Calve	rton	Rd.	
Conditions, if a gove rise to couse (a), st underlying co	ony, which immediate ating the ause last.	(b)	R ASA CONSEQUE	ENCE OF	C · V D	ERMINAL	DISEASE OR CON	DITION GIVE	Je N IN PART 1	223	,
190 DATE OF OPE					ON WAS PERFORMED		0a AUTOPSY?	20b. IF YES,	WERE FINDI	INGS USEI	
H H						Y	ES NO	YES		NO [
OR CONTRIBUTING	CAUSE OF DEA	P./	M. MONTH DA	AY YEAR		URRED	(ENTER NATURE OF INJU	RY IN ITEM 18 PAR	RT 1 OR PART 2)		9
Zid INJURY OCC	T WHILE WORK	21e PLACE ((AT HOME STR	OF INJURY BEET, FACTORY, OFFICE, F	FARM, ETC.)	21f. LOCATION STREET	_	CITY OR TO	IWN	COUNTY	- 5	STATE
The second second second second	t (I) (this haspit	10-	e deceased from_ 19_ after death.	85.	nd that in (m) (aur) apin	ian death	n occurred on the d	ote and hour		, that (I) (se causes sto	oted
278 PHYSIOTARY	-Not	X	-	1	ATTENDING	G DII	EDICAL STA	FF CIAN []	In DAIL	LIGINED	
11		NA	KAZAWA	- 4	3350	h	ilkens	fre	Solo.	21	22
230 BURIAN CREMATIC (SPECIFY)	ON, REMOVAL	10-18		NAME OF	CEMETERY OR CREMATOR	RY 2	3d LOCATION CITY OF TOWN	wn A	YTHUO		STATE /

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL

BP.

IMPORTANT: If them 21 is marked at them 18 shows any injury, at other traumatic event, the

24 FUNERAL DIRECTOR 1300 Eutaw Pl,

250. DATE REC'D. BY REGISTRAR 25 REGISTRAR 5 SIGNATURE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

NOV 0 1 1985

STATE

1	I. DEC	CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 25 HOUR			
	(TYPE	LOTTIE		CARTER	10	30 85 70%			
	3 SE>		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS			
	F	emale	Moamid	MONTH DAY YEAR	65 VAS	MONTHS DATS HOURS MIN.			
	7a BI	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	Ban. 1, 1920	9 BALTIMORE CITY OR COUNT	TY OF DEATH			
5	V	1R6INIA	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CIT				
16	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	12ª USUAL OCCUPATION	126 KIND OF BUSINESS OR			
7		BALTIMORE	UNION MEMORIAL	HOSPITAL	Retired	Industry Industry			
L	13a. S		OTHER INSTITUTION GIVE RESIDENCE BEFORE		130 STREET ADDRESS / ZIP CON 2956 Har	Ford Rd.			
	14 FA	THER'S NAME FIRST	MIDDLE 1LAST	15. MOTHER'S MAIDEN NA	ME	LAST			
2		Louis	WHITE	FLIZAL	BETH WI	LLIAMS			
		VAS DECEASED EVER IN U.S., AR. (ES. NO OR UNKNOWN) (1F YES, GIV	MED FORCES? 166 SOCIAL SECUI	RITY NO. 17 INFORMANT	TEAN BAZ	EMORE			
		PART I. DEATH WAS CAUSE	ly ane cause per line for (o), (b), and D BY E CAUSE (o) Pardia	e de compen	so fins	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
	- 4	IMMEDIAI	DUE TO, OR AS A CONSEQUE	NICE OF	10				
		Conditions, if ony, which	(b) Chronis	c Hyocardio	oryopathy	GNENOWA			
		gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	11 1					
		PART 2 OTHER SIGNIFICANT C	161	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION G	IVEN IN PART Tro			
	O.	Even Aures							
	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES \(\begin{align*} \text{VES} & \text{NO} & \text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\timed{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exititt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\			
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7	EDICAL	OR CONTRIBUTING CAUSE OF DEA		19					
lu l	MEDIC	214 INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE			
		270.1 certify that (1) (this hason	tal) attended the deceased from	10/30 10 85	10 180	19 8 J. that (I) (we) lost			
		sow the deceased alive on	4. / /	, and that in (my) (our) opinion	death accurred on the date and he				
		226. SIGNATURE	- 11	DEGREE 16. 8. 04 · ATTENDING PHYSICIAN F	MEDICAL STAFF DIRECTOR PHYSICIAN	10/80/8J			
		224 PHYSICIAN'S NAME (TYPEO	. /	122e ADDRESS		1D 21218			
		IMAD S. FA							
	23a B	URIAL GREMATION DEMOVAL	= 1236 DATE 23c N	LAME OF CEMETERY OF CREMATORY	234 LOCATION 4				

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL

IMPORTANT: IF

24 FUNERAL DIRECTOR

		1	FOR STATE		D	EPARTA	MENT OF I	HEALTH	AND MENTAL H	TYGIENE	5	27	11) 4
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	Maria Will	(1179	E OR PRINT)	Richa	ard			Ca	rter		OF ESTI-	□ 10-3	30 19 85	5
	AUTOM ,	D. SEX	g .	4. RACE	5 DATE OF BIRTH		6 AGE (IN YEA	RS I IE LIN	DER 1 YR. IF UNDER		DATE	MONTH	DAY YEA	R 2d HOU
	A SEE SEE	Mal	e	Black	MONTO 10	96	89 YR	MONTH	S DAYS HOURS	MIN. PR	DEAD	10-3	30 19 85	$\frac{6:21}{5}$
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	经费务量据	FO	REIGN COUNTRY)				1817		ED NEVER MARR	IED X		_		
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	光本発音を入	1			(IF NOT IN SUCH FAC	ILITY, GIVE ST	REET ADDRESS)		EK INSTITUTION		ST OF WORKING LIFE)	TIPE OF WORK	OR INDUS	
	300 mg		altimor		1830 W.									
8	CORPO L		TATE	13b. COUN	OR OTHER INSTITUTION, GIVI		OR TOWN		13d. INSIDE CITY LIMITS?	13e STREE	TADDRESS		71	111
212	会会の世界	Ma	ryland			Bal	timore		YES 🖟 NO	1830	W. Mosh	er St.	de	MI
9	THE WENT	14. FA	THER'S NAME		MIDDLE		LAST		15. MOTHER'S MAID	ENNAME	WIDDLE		LAST	
-	855550C	/	PIRST		ANDOLE		(A3)		Nancy		Milose		5701	
11 18	DANGE 7			DEVER IN U.S. AF		166 SOC	IAL SECURITY	/ NO.	17 INFORMANT		ADDRI	ESS		
	A THE	Ye	ES, NO, OR UNKNO	WW WW	E WAR OR DATES)	228-	40-486	6	Melvin Ca	rter	7.830 W.	Maher S	t. 212	17
1	S DE S Z				nly ane cause per line t								APPROXIMA	ATE INTERVAL
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2	A AS AS CRE	CERTIFICATION												
	SEP PAL	\ V V	190 DATE OF	OPERATION	196. CONDITI	ON FOR V	WHICH OPER	ATION W	AS PERFORMED?				28 AUTOPS	Y?
DIVISION OF VITAL	A STANCE TO SE	E											YES .	NOX
O.F.	AEN ONE OF THE WAR		UNDERLYING	AL CAUSE WAS	21b. TIME OF HOUR A.M.		DAY YEAR		OW INJURY OCCURRI	ED (ENTER NA	TURE OF INJURY IN ITEA	A 18 PART I OR PAR	r 2)	
NO.	CERTIFICATE TING THE V 35 TO THE 3 SHOULD DEPARTMEI PROR TO	MEDICAL	CONTRIBUTI	NG CAUSE OF			19							
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	RW/RW/ RW/ RW/ STA STA STA STA				ge of the remains desc	alle and a leas	. 1.1.1	Autap	sy , Inspection		Inquiry XX		N. Jan.	
	EXAMINER: CERTIFICATI OLD BE FORE DIRECTOR: (, WITH THE: MARYLAND									-		and in my api	nian	
	RYL RYL		death result	ed from: Nati	ural causes XX	Accident	L. Su	icide	, Hamicide	Undeterr	mined manner	١.		
	A VECTOR		ACTUAL	MOLA	To the	. UL	.09.		TITLE (SPECIFY)			DATE	10.2	1 05
	SEA SE		SIGNATURE	Men	HO IN	3 N	un	M	D. Assistan	C_MEDIC	AL EXAMINER	SIGNED	10-3	1-02
		1	EXAMINER'S	NAME Mai	rgarita A.	Kore	11 M	D	111	Penn	St., Bal	Ito. M	d. 21	201
	PAGE PAGE PATER PATER		(TYPE OR PRI						ADDRESS			, 11		
	EMEE48	23a.B	URIAL, CREMA	TION, REMOVAL	73b DATE	23c. N	NAME OF CEA	AETERY O	R CREMATORY	23d. LOC CITY OR		COUNT	Υ	STATE
07/84 25M	BP			urial	11-04-85	Gai	rrison	Fore	st Cemeter	cy O	wings Mi	115	CALLELIAS	land
ZJM	DHMH - 17		NAME DIREC		F. H. ADERES 4	O AT	0-16-	12 64	ZSO. DATE	N 1 2	EGISTRAR 256 R	EGISTRAR'S SP	SNATURE	labe
	(VR A15 ME (5))	pa	lery -	Dougrass	г. н. 134	o IV.	Cainou	In St		4 10	1300			

STATE OF MARYLAND

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1	7STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0.		100
	CEASED NAME	FIRST		AIDDLE	1	AST	20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
0.00	JUAL	JIIA		· · · ·	45 //	ANEIU	6 AGE (IN YEARS LAST BI	10-	19-85	6 , / 6 M
3 SE	Female	·	White		5. DATE C	- 30 - 22	63	YRS	MONTHS! DAYS	HOURS MIN.
	IRTHPLACE STATE OR FO	OREIGN 7	CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNT	Y OF DEATH	
1/F	hilippines		Philip	pine	WIDOWE		Baltimore	City		MD
1	ny or town of DEA Baltimore	тн 1	(IF NOT IN SUC	OSPITAL, NURSIN H FACILITY, GIVE STREET A COURS HOS	ADDRESS)	OR OTHER INSTITUTION	TYPE OF WORK FOR MOST OF HOMEMAKER			Home
	AL RESIDENCE (IF NURSI STATE MD	NG HOME OR O 136. COUNT A.A.		GIVE RESIDENCE BEFORE 134. CITY OR TOWN Glen Bur	N	13d INSIDE CITY LIMITS? YES NO X	13e STREET ADDRESS 7935 Pipe			61
19 E.	ATHER'S NAME	AAI	DDIE	LAST		15 MOTHER'S MAIDEN NAM	AE MIDDLE		145	
N	Marcello			Castillo		Pascuala			Castar	do
	WAS DECEASED EVER I		ED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ESS		
	no			217-02-7	826	Atanacio Cas	taneto same	e as		
	18 CAUSE OF DEATH PART I. DEATH WA	1 (Enter only AS CAUSED IMMEDIATE	BY:	line for tasks one	fice	mia			BETWEEN	MATE INTERVAL ONSET AND DEATH
	Conditions, if ony, gave rise to imm cause (a), stating underlying couse	ediote	(b)_	R AS A CONSTITUE	eki	of devole	val ulc	w.		
			(c)	Pru	Λ.	mare pur	ay hur	war.	_	
NO	ASCUL	D C	1/4	nustri	SU	M CONCE	Wal www	TU/U	M PART IS	0
CERTIFICATION	19a DATE OF OPERAT	ION /	196 CONSTITION FOR WHICH OPERATION						F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO NO	
	210. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEDIC	AUSE OF DEATH	21b. TIME O HOUR A./	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJI	PRY IN ITEM 18	PART I OR PART 2)	
MEDICAL	21d INJURY OCCURR WHILE NOT WHI AT WORK AT WOR	ne 🗍	21e. PLACE ((AT HOME STR	OF INJURY EET FACTORY, OFFICE FA	ARM ETC)	211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
	22a.1 certify that (I) decease		l) ottended the	e deceased from 19	1-1	nd that in (my) (our) opinion o	to 10/1	ote and ha		that (I) (we) lost

MPORTANT

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE

DHMH - 16 50M 4/83 (VRA 15, 4)

230 BURIAL, CREMATION, (SPECIFY)

Burial

24 FUNERAL DIRECTOR

23b. DATE 26 Oct. 85

Umingan Cemetery

DEGREE

ATTENDING Y

22c. DATE SIGNED

James S. Kirkley

Glen Burnie MD.

MEDICAL STAFF
DIRECTOR PHYSICIAN

Umingan Pangasian Philippines

250. Date REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

OCT 22 1005

005068	1	FOR STATE REGISTRAR		DEPART	STATE OF M MENT OF HEALTH CERTIFICATI	AND MENTAL HY	SIENE 8 5	2 :	11	0 6
295068		CEASED NAME E OR PRINT)	FIRST	WIDDLE	LAST		2a DATE OF DEATH	MONTH DAY	YEAR 26	. HOUR
nay be page 3	100	M	AKIA	C,	CATAL	FAMO	10	16	85	690 PM
ge 4 ma) ector. pa	3. SE	x Fema	LE 4 RACI	White	5. DATE OF BIRTI	DAY YEAR	6. AGE (IN YEARS LAST BIR	THDAY) IF U		UNDER 24 HRS OURS MIN.
neral direction 72 hau	7 0 B	IRTHPLACE (STATE OR FO COUNTRY) I + + L	REIGN 76. CITI	US I+nL	MARRIED WIDOWED	IEVER MARRIED DIVORCED	1. BALTIMORE CITY O	E COUNTY OF	DEATH	ity MD.
offer d	1 10 0	BAZTIMOR	(IF I	AME OF HOSPITAL, NURSI NOT IN SUCH FACILITY, GIVE STREE FS KMC		ER INSTITUTION	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST O		126. KIND OF B	ONE
LAND 2120	5 13a.	AL RESIDENCE (IF NURSINSTATE MAD ATHER'S NAME	3b COUNTY	ISTITUTION GIVE RESIDENCE BEFO	VN 13d IN YES	ISIDE CITY LIMITS?	13. STREET ADDRESS	ZIP CODE PRATH	5+. B.	Alto. Ud.zrz
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IMORE n and con medico	160	WAS DECEASED EVER IT	U.S. ARMED FC (IF YES, GIVE WAR OR		-0076 M	K. ANH	hony CAT	AL = AI	37/7	E. PRAT 24 St
ON ST., BALT h certificate the ding physicia orbon papers or remayal. or remayal.		PART I. DE ATH WA	S CAUSED BY: MMEDIATE CAUS	SE (0) MYO	CARDIAC	INFA	RCTION		BETWEEN ONS HOU	R S
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMOR NG PHYSICIAN The law requires that the death certificate be executed and physician. The law requires that the administration of the physician of as the burial-transit permit. Then please remove carbonpapers. Pages the and Mental Hygene prior to burial, cremation, or removal. and Mental Bygene prior to burial, cremation, or removal.		Conditions, if ony, gave rise to imme cause (a), stating underlying cause	ediate }	(b)UE TO, OR AS A CONSEQU	JENCE OF					
RDS, 20 equires n signed Then plant to burn injury, o	NO	PART 2 OTHER SIGN	FICANT CONDIT	IONS CONTRIBUTING TO	DEATH BUT NOT R	ELATED TO THE TERA	AIN AL DISEASE OR CON	DITION GIVEN	IN PART Ito	
he law r an. has bee t permit ene prio	CERTIFICATION	19a DATE OF OPERATI	ON 198	CONDITION FOR WHIC	H OPERATION WAS	PERFORMED	20a AUTOPSY? YES A NO		ERE FINDINGS	
SICIAN TI ng physici certificate mial-transi ental Hygi		21a. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICA	USE OF DEATH	D. TIME OF INJURY HOUR A.M. MONTH (P.M.	DAY YEAR	IOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM TS PART	OR PART 2)	
IVISION IG PHYS offendin ter this c s the bur and Me	MEDICAL	21d. INJURY OCCURRE	€ [A]	PLACE OF INJURY THOME STREET, FACTORY, OFFICE		OCATION STREET	CITY OR TO)WN	COUNTY	STATE
TTENDIN pital or TOR: Affor use a of Health		saw the deceased	d alive on	ended the deceased from	10/16 and that	, 17	death occurred on the d	ote and hour ar		at (I) (we) last uses stated
TAL OR A y the hos tal DIREC detached one Dept		22h SIGNATURE	e W	Cher	DEGRE	ATTENDING	MEDICAL STA		10/16/	SNED
HOSPII bined by FUNER could be th the St		220 PHYSICIAN'S NAI		HEW		ADDRESS 1940 EAS	BRYEN A	NE. F	BALTO,	, MO,
PP	23a	BURIAL, CREMATION, R		DATE 230	NAME OF CEMETE	RY OR CREMATORY	23d LOCATION	wee;	MAR	VIENI
DHMH - 16 50M 4/B3 (VRA 15, 4)	36.7	Toseph A	1. ZAU	wind Tours	2635.C	5+ y 707	1 8 1986	Julia Ja	rs signatur	and so

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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed and a hours after death. Page 4 may be example to the horard or otherwise absorbing	TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and care in the funeral director, page 3	should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages a bad 2 should be filed within 72 hours after death	with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.
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DIVISION OF VITAL RECORDS, 201

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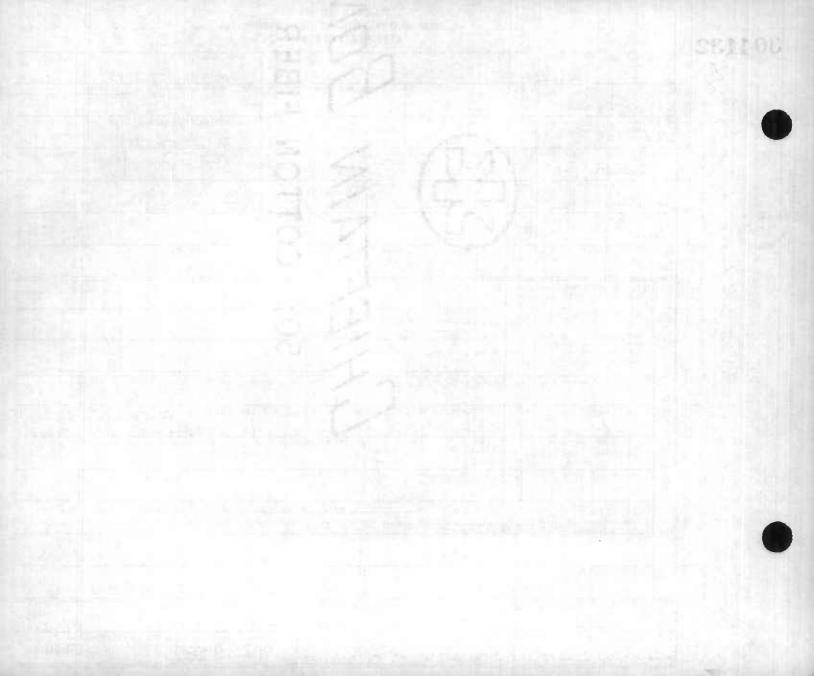
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH I. DECEASED NAME MONTH 26. HOUR (TYPE OR PRINT) CHAFFIN October 23, 1985 Beverly 8:42 M 6. AGE TIN YEARS LAST BIRTHDAYS IF UNDER TYEAR IF UNDER 24 HR 4 RACE 5. DATE OF BIRTH 3. SEX MONTH YEAR Female Black 12 17 19 65 YRS Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH 76 BIRTHPLACE ISTATE OR FOREIGN MARRIED TO NEVER MARRIED Maryland U. S. A. WIDOWED Baltimore Citu 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! Baltimore Maryland General Hospital WSUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 13e.STREET ADDRESS / ZIP CODE 13b. COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? Maryland Baltimore 1027 Cathedral St. YES TX NO [21201 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE IAST Danie1 Wilson Belle Boston ADDRESS 166 SOCIAL SECURITY NO. 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? IYES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 214-12-0188 John Chaffin 1027 Cathedral St. 21201 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY Inferior Myocardial infarction -IMMEDIATE CAUSE (0) DUE TO OR AS A CONSEQUENCE OF Coronary artery disease Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO [YES 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY THE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART) OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER P.M 214 INJURY OCCURRED 71e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM, ETC) WHILE NOT WHILE October 17 85 October 220.1 certify that XXthis haspital) attended the deceased from. 85 , and that in (regr) (aur) opinion death occurred on the date and hour and from the causes stated ody after death. DEGREE 22c. DATE SIGNED 226 SIGNATURE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 0-23-8 LIYPE OR PRINTS 22e ADDRESS 22d PHYSICIAN'S NAME c/o Maryland General Hospital 23d LOCATION 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE STATE (SPECIEVE COUNTY Burial Oct 28-85 Garrison Forest Veteran Owings Mills 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE Bailey-Douglass Funeral Home 1348 N. Calhoun St

DHMH - 16 60M 7/84 (VRA 15, 4)

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288046	1-	Item 19a&b 10-28-85 STATE OF MARYLAND FOR STATE REGISTRAR STATE OF MARYLAND CERTIFICATE OF DEATH REG. NO.	/ 0 8
1 7 1		CEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY OF PRINTIPO BERT CHANDLER Oct. 8, 1985	YEAR 2b. HOUR
oge 4 ma	3 SE	Male Negroid Jan. 14, 1928 57 YRS	
deoth. P	CC	MARRIED NEVER MARRIED Balto.	126 KIND OF BUŞINESS OR
21201		U.S. A. (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 10046. Pres ton 54. (TYPE DE WORKFOR MOST OF WORKING LIFE) AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	Tostee/Ser.
MARYLAND 2	13a S	STATE 136 COUNTY 136 CITY OR TOWN 13d INSIDE CITY LIMITS? 136 STREET ADDRESS POSSATHER'S NAME 15 MOTHER'S MAIDEN NAME	tonst.
RE, MAR	16a. V	Robert Lee Chandler Blanche Me VAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	grow
BALTIMORE, core the exercial specials and co- pert. Poper, wall, the gendrich	1	VES. NOOR UNKNOWN) (IF YES, GIVE WAR OR DATES) VES 1950-1952 214-20-3973 GLoria Bradley 1400. 18 CAUSE OF DEATH lenter only one cause per line for 101, 101, and 101.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST.,		PART I. DE ATH WAS CAUSED BY. IMMEDIATE CAUSE (o) CARDIAC ARRES DUE TO, OP AS A CONSEQUENCE OF ATIC CANCER Conditions if any which	3 MONTHS
W. PRESTON of the death-co of the otherdin		Conditions, if ony, which gave rise to immediate cause to install the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF	2 1/11/11/2
DS, 2011 quires the hampleon plean hampleon nivery, or or	NO.	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN	IN PART I (a)
AL RECORDS, he law requir on, t permit Ther iene prior to be	CERTIFICATION	190 DATE OF OPERATION 180 CONDITION FOR WHICH OPERATION WAS PREFORMED 200 AUTOPSY? 200 IF YES, WEST OF AUTOPSY? YES YES YES NOW YES 1	VERE FINDINGS USED NG CAUSES OF DEATH?
ON OF VITA HYSICIAN: The ding physicials is certificate buriol-tronsit mental Hygin or from 18 sh	18	216. ACCIDENTAL SUNDERLYING CAUSE OF DEATH CIFETHER, NOTIFY MEDICAL EXAMINER) 216. TIME OF INJURY 216. TIME OF INJURY AND HOUR A.M. MONTH DAY YEAR 19	1 OR PART 2)
PHY PHY PHY Pendi Pe bu	MEDI	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 1	COUNTY STATE
DIV R ATTENDING hospital or off RECTOR: After RECTOR of the ipt. of Health o		220.1 certify that (I) (this hospital) attended the deceased fram 19	nd from the causes stoted
Trat or the by the edetoch Store De NAT: If h		1226 PHYSICIAN S NAME (TYPE OR PRINT) 226 PHYSICIAN STAFF PHYSICIAN DIRECTOR PHYSICIAN 220 ADDRESS	900-81
TO HOSPIT retained by TO FUNER should be with the Sir	23a. E	SURIAL CREMOVAL 236 DATE 236, NAME OF CEMETERY OR CREMATORY 238 LOCATION	/
BP 354	-	BULLIAU 10-14-85 Hybutus//em-th. 150/70-	P.S. SIGNATURE
(VR A 15 (4))	C	ALVIN B. SCRUGGS 1412 E. Tresion ST. OCT 10 185	avidson-Andelle

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REGISTRAR 281030 REG. NO 20 DATE OF DEATH 1. DECEASED NAME (TYPE OR PRINT) Silas Chandler 10 - 1 - 853. SEX 4. RACE 5 DATE OF BIRTH 6 AGE LIN YEARS LAST BIRTHDAY) MONTH YEAR Male Black 1903 TO BIRTHPLACE (STATE OF FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY S.C. Baltimore City U.S.A. WIDOWED X DIVORCED O. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) 401 E. Biddle St Baltimore UAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)

STATE

136 COUNTY

136 CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 401 E. Biddle Street-1st. F1. Baltimore Maryland I FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Kent Chandler Unknown 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT TYES NO OR UNKNOWN (IF YES GIVE WAR OR DATES) no 250-05-492 Savov Biddle St 18 CAUSE OF DEATH (Enter only one cause p PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a CERTIFICATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19n DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY CITY OF TOWN (AT HOME STREET, FACTORY OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from and that in (my) (aur) apinian death occurred on the date and haur and from the causes stated saw the deceased alive an. above, (1) (we) (did) (did not; view the body ofter death 22b. SIGNATURE DEGREE M.D. MEDICAL FUNERAL old be deta PHYSICIAN DIRECTOR PHYSICIAN

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORT

23c NAME OF CEMETERY OR CREMATORY

23d LOCATION CITY OF TOWN

BO1 St. Paul Place -Baltimore, Md 21202

COUNTY STATE County

22c. DATE SIGNED

10 - 2 - 85

YES [

COUNTY

IF UNDER I YEAR

INDUSTRY

IF UNDER 24 HRS

21202

APPROXIMATE INTERVAL

NO [

HOURS

126 KIND OF BUSINESS OR

21202

BURTAL ZION 24 FUNERAL DIRECTOR

1101 E.

23b. DATE

22d. PHYSICIAN'S NAME (TYPE OF PRINT)

W.C. March F/H Co.

230 BURIAL, CREMATION, REMOVAL

(SPECIFY)

Pratima Bose, M.D.

Baltimore 250. DATE REC'D.

KARING TO Proposed a secretary process and the single second of the 27 7 5-6 77 ENDER Marie Level you but the his total and

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 311057 KNOMN X WONIH OF ESTI-E FUNERAL DIRECTOR E 5 FOR YOUR FILES. ED, WITHIN 72 HOURS I W. PRESTON STREET Michael DEATH MATED 10/29/19 Cherry 85 4 RACE AGE (IN YEARS IF UNDER I YR S. DATE OF BIRTH IF UNDER 24 HRS 24 HOUR DATE MONTH LAST BIRTHDAY) RONOUNCED 1956 14 28 YRS DEAD male 10/29/1985 black BIRTHPLACE ISIATE OR LOUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY) Md DIVORCED 2. AND 3 TO THE FU.
2. SHOULD BE FILED.
AL RECORDS. ROLW O CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS University Hospital Shock Trauma Electrical Engineer Westinghouse Baltimore 13e STREET ADDRESS 13a STATE 13d INSIDE CITY LIMITS? Baltimore 2820 Winchester Street 21216 Md NO [14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE FIRST Robert Cherry Hinton Inez 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS MIT. PAGE 16h SOCIAL SECURITY NO (YES, NO. OR UNKNOWN) 216-66-4120 Inez Cherry 2820 Winchester Street No 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. PART I DEATH WAS CAUSED BY Cranio-cerebral Trauma MENTAL HYGIEN N, OR REMOVAL DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 IO CERTIFICATION 198. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL, YES X CERTIFICATE SH ITING THE WOR DED TO THE CH E 3 SHOULD BE L DEPARTMENT C 71g EXTERNAL CAUSE WAS 716 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) XOR HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING Cause of Death 9:20xx 10/29/19 85 subject driver of auto/fire truck collision 21e PLACE OF INJURY (AT HOME. 211 LOCATION STREET, FACTORY, FARM, ETC.1 WHILE AT WORK W. North Ave. & Poplar Grove St., Balto.City PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120 street Autopsy X 220. I certify that I took charge of the remains described above, held on Inspection Fident X Suicide Hamicide Undetermined manner 10/30/85 EXAMINER'S NAME Dennis F. Penn St. Smyth, M.D. ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Baltimore COUNTY Md Woodlawn Cemetery 11/5/85 07/84 25M 24 FUNERAL DIRECTOR 1256. REGISTRAR'S SIGNATURE William C. March F/H West 4300 Wabash Avenue **DHMH - 17** www.con-Aandell (VR A15 ME (5))

STATE OF MARYLAND





PRESTON ST., BALTIMORE, MARYLAND 2120

DIVISION OF VITAL RECORDS, 201 W.

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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DECEASED NAME FIRST IMPEOR PRINT) MI SEX FEMALE BIRTHPLACE (STATE OR FOREION COUNTRY) Maryland CITY OR TOWN OF DEATH	NNIE 4. RACE	A.	CHI		20. DATE OF DEATH	MONTH 10	DAY	YEAR	2h HOUR	
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FEMALE BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	4. RACE					IO	30	85		N
BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland		,	DATE OF		6 AGE (IN YEARS LAST BIR	THDAY)		ERIYEAR	IF UNDER 2	
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	U.S.A.		WIDOWED!		Baltimo	re C	ity			MI
	11. NAME OF H	OSPITAL, NURSING	HOME OR		120 USUAL OCCUPAT				F BUSINES	_
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	ounty ltimore	Wood lawn		ME INSIDE CITY LIMITS?	2031 Kenni		-	a 2	1207	
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18 CAUSE OF DEATH (Ent			00 1						MATE INTERV	AL
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190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	196 CONDI	TION FOR WHICH OF	PERATION	WAS PERFORMED	200 AUTOPSY?	IN CER			OF DEATH	1?
OR CONTRIBUTING CAUSE C	F DEATH HOUR A.	M. MONTH DAY	YEAR	ETC. HOW INJURY OCCURR				RPART 2)	140	
(IF EITHER NOTIFY MEDICAL EXAL 21d. INJURY OCCURRED WHILE AT WORK AT WORK	21e PLACE (OF INJURY BET, FACTORY, OFFICE, FARM		II. LOCATION STREET	CITY OR TO	OWN	C	DUNTY	517	ATE
220 I certify that III this had easted ally eligible (eligible) (did) (eligible) (did) (eligible)	10	101 01		that in (ny) our) opinion of		FF				e) lo
226 PHYSICIAN'S NAME	TYPE OR PRINT)		1	22e ADDRESS		- 12		-	7	
Patrick Whi	te			405 Frederi	ck Avenue	Suit	e 16	2		
30 BURIAL, CREMATION, REMO	VAL 236 DATE		ME OF CEA	METERY OR CREMATORY	234 LOCATION		COU		Mass	

should be detached for use as the burial-transit permit. Then with the State Dept. of Health and Mental Hygiene prior to bu

IMPORTANT: If Item 2

Burial

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84 (VRA 15, 4)

23b DATE 11/2/85

23c. NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery

Baltimore

COUNTY

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Maryland

21229 Hubbard Funeral Home, Inc. 4107 Wilkens Ave. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 304205 REGISTRAR I. DECEASED NAME 20 DATE KNOWNXX MONTH (TYPE OR PRINT) Ann Elizabeth DEATH MATED 10-21 19 85 Cimino 4 RACE 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY) PRONOUNCED 12:01 White Feb. 21.1964 Eemale DEAD 76 CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S.A. WIDOWED [DIVORCED Baltimore City, 10 CITY OR TOWN OF DEATH 124 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Driver Caterer Baltimore University Hospital - STU | 13d INSIDE CITY LIMITS? | 13° STREET ADDRESS | 210 | YES | NO [X] | 682 North Riverside Drive 21032 3a STATE Crownsville Md. Anne Arundel 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Cimino Carol Joseph Lee Fair 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 518 Church Road, 212-82-5866 Wilbur Fair Reisterstown, Md. 21136 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (g) Craniocerebral Trauma with complications DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NOXX 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 210 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING XXOR CONTRIBUTING CAUSE OF DEATH 5:30 XX 10-6 19 85 pedestrian struck by auto 214 INJURY OCCURRED 211. LOCATION WHILE AT WORK AT WORK shoulder of road Rt.3 south of ramp to Rt.176, Glen Burnie, Anne Arundel Co., Md Inspection X 22a. I certify that I took charge of the regimes described obave, held an Accident XX death resulted fram: Hamicide Undetermined manner TITLE (SPECIFY) PAGE 4 SHOUL TO FUNITAL AFTER DEATH BALTHMORE, M M D Assistant MEDICAL EXAMINER 10-22-85 Dennis F. Smyth, M.D. EXAMINER'S NAME 111 Penn St., Balto., Md. 21201 23a BURIAL, CREMATION, REMOVAL 23b. DATE 236 NAME OF CEMETERY OR CREMATORY Oct. 24,1985 Reisterstown Methodist Cemown Reisterstown, Balton, Md. 25a. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE **DHMH - 17** Owings Mills, Md. 21117 (VR A15 ME (5))

STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REGISTRAR	CI	ERTIFICATE OF DEATH	REG. NO.		
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3	BALTIMORE	THE JOHNS HOPKINS	S HOSPITAL	, interest work you most or a	THE COURT OF THE C	
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7	210 ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW INJURY OCCURR			110 [3
		HOUR A.M. MONTH DAY	YEAR 19			
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1	saw the deceased alive an abave, (I) (we) Idid Vdid not	10/10 19 8	, and that in (my) (aur) opinion o	death accurred on the date	and have and from the	
	776. SIGNATURE	New the body offer death	DEGREE		22c. DATE	SIGNED
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. BA

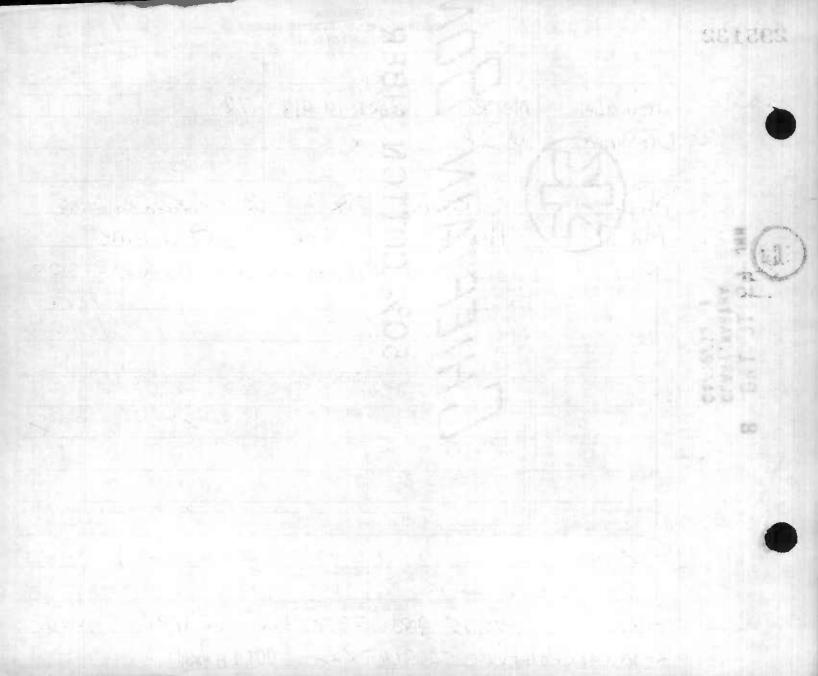
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24 FUNERAL DIRECTOR (VRA 15, 4)



4107 Wilkens Avenue

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Hubbard Funeral Home, Inc.

STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		REGISTRAR		CERT	IFICATE OF	DEATH	REG. NO	o.				
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	-	18 CAUSE OF DEATH (Enter and		or (a), (b), and (c).)							NATE INTER	DEATH
		PART I. DEATH WAS CAUSED		dio Respi	rators	Anne	est			30.	men	eten
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	7	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRI	BUTING TO DEATH B	UT NOT RELATE	D TO THE TERMI	NAL DISEASE OR CON	DITION G	IVEN IN F	ART 110		
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7	MEDICAL CE	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL	111	MONTH DAY YEA	AR	NJURY OCCURRI	ED (ENTER NATURE OF INJUI	Y IN ITEM 18	PART I OR I	PART 2)		
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMOLE WATER

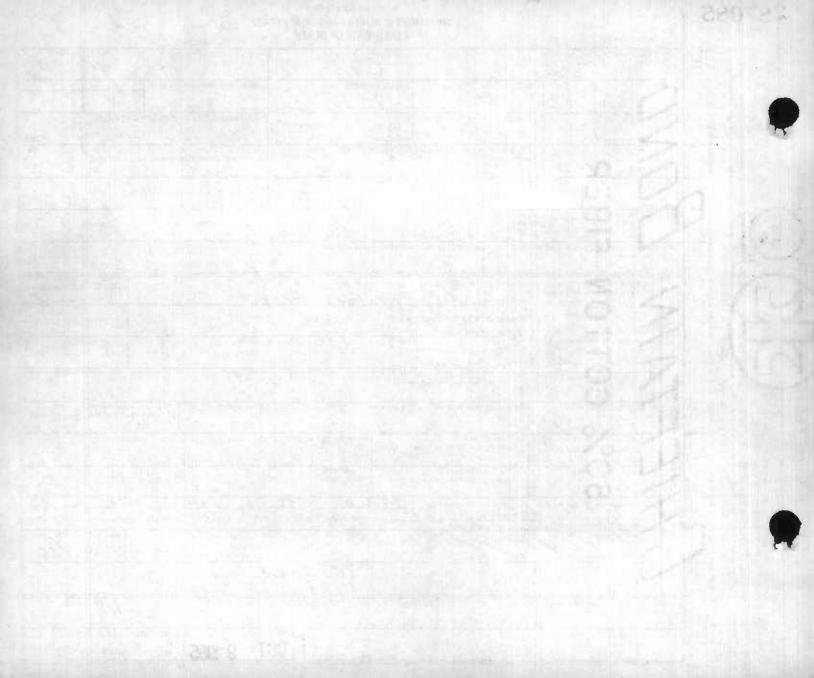
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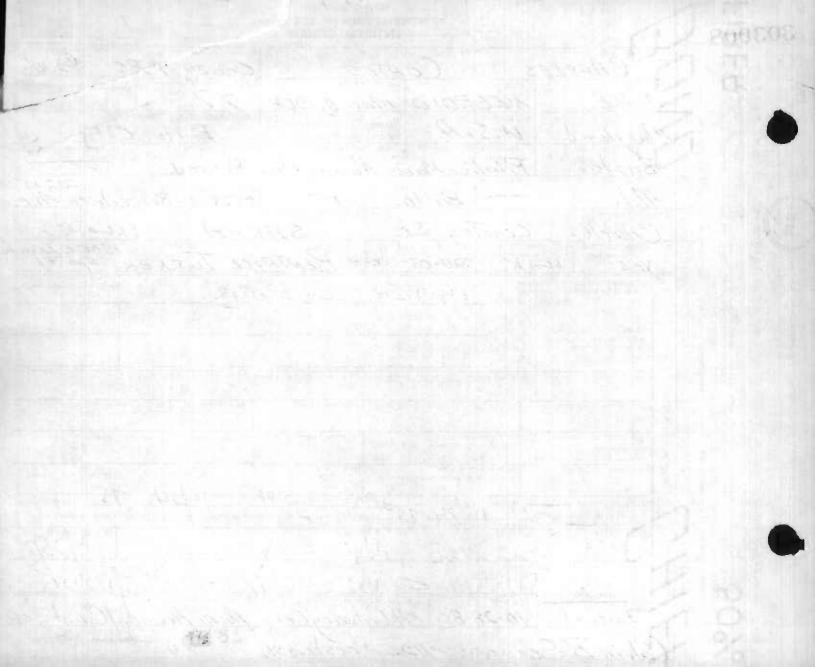
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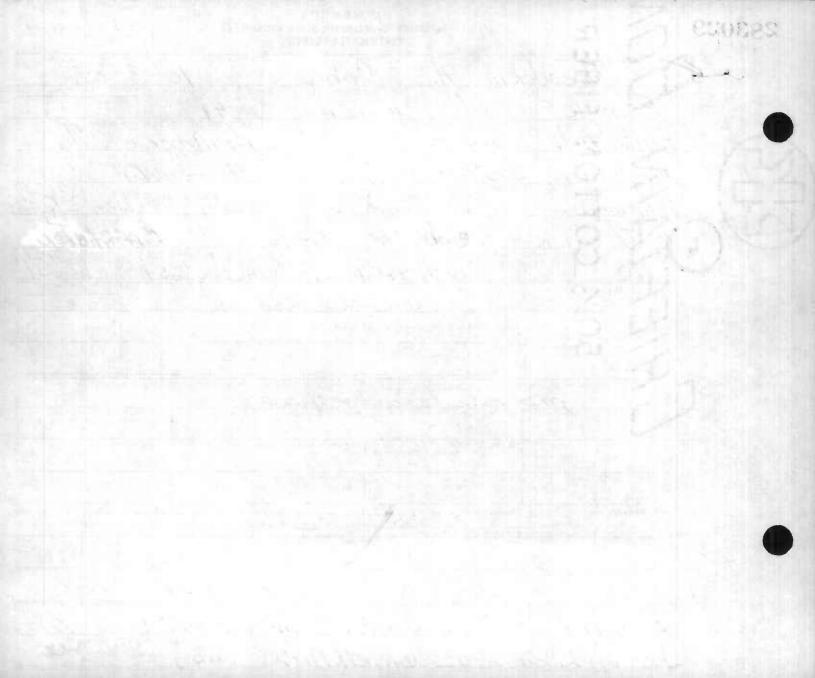


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P P P	10.	CITY OBYOWN OF DEATH	11. NAME OF HOSPITAL, NURSING	HOME OR OTHER INSTITUTION	120 USUAL OCCUPATE	
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201 W sed by please priof, critical, or oth			(c)			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST ING PHYSICIAN: The law requires that the death certicother this certificate has been signed by the attending to as the burial-transit permit. Then please remove corbanth and Mental Hygiene prior to burial, cremation, or renared or them 18 shows any injury, or other traumatic expression.	z		ONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART 110
O	CERTIFICATION	194 DATE OF OPERATION	1%. CONDITION FOR WHICH O	SPERATION WAS DEPENDING	38a. AUTOPSY?	20% IF YES, WERE FINDINGS USED
no. hos bee how re hos bee how re permit.	1 2	THE DATE OF CHERAINA	THE COMMUNICATION WHICH C	SEEM FIGH WAS PERFORMED		IN CERTIFYING CAUSES OF DEATHY
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NG T Offer of the or th		at work Li at work Li		101 01	11	11 95
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ATTE Spirite S		see the decessed align 61 obove, (I) (and did / did not	view the body after death.	and that in (my) (pur) opinion	death occurred on the do	stefand hour and from the causes stated
OR hore hore hore bent free free free free free free free fre	4	77% SIGNATURE	2 4	DEGREE	Austria.	TR. DATE SIGNED
	-	1 Mar A	undra	ATTENDING PHYSICIAN	MEDICAL STAF	
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TO HOSPITAL retained by the TO FUNERAL should be deter with the State		1/m)	UNSHINE	MD 6210	14.165	110 71213
Of Spanish	230	BURIAL, ERE MATION, REMOVAL	236. DATE 23c. N.	ME OF CEMETERY OR CREMATORY	23d LOCATION	2 / 10
BP		Burial	10-28-85 MI	4. Calvary Cen	1. Anne H	rundellounts sh
DHMH - 16 50M 4/83	24	FUNERAL DIRECTOR		25a. D		756. REGISTRALS STONATION
(VRA 15, 4)	1	alvin B.S	ruage 14/12	E. Preston St		Jane manager - Marketing



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를 조목했으며		arylan			Balt	imore	YES 🔀	NO 🗌	125 N. B	roadwa	ay.	212:	31
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DIVISION S CRITING RITING TH RDED TO RE3 SHOU E DEPART OI PRICE	M.	WHILE	NOT WHILE C		TORY, FARM, ET		STREET		CITY OF TOWN		COUNT	Y	STATE
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SEA SEA		22a I certi	fy that I taak charg	e at the remains de	scribe HEA	DhONLY AL	tapsy X,	Inspection	n . Inquiry .	, and in	ту аріпі	an	
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		SIGNATURE.	1	UV			M.D. ASS	istan	t_MEDICAL EXAMIN	IER S	DATE SIGNED	10/	20/85
MEDICAL E ECUTE THE C GE & SHOUL FUNERAL TER DEATH,	-	EXAMINER'S	NAME										
TO MEDICAL EXECUTE THE PAGE 4 SHO TO FUNDER BALTIMORE.		(TYPE OR PRI	NT) GY	regory R.					11 Penn St	•			
E02249	23a.8	URIAL, CREMA	TION, REMOVAL 2			IAME OF CEMETER	Y OR CREMATO	ORY	23d. LOCATION CITY OR TOWN		COUNTY		STATE
07/84 BP	Bu	district Direction		10-24-8	5 Ba	altimore	2		Baltimo	re			ryland
DHMH - 17	24. FI	NAME	TOR	ADDRESS	5				REC'D. BY REGISTRAR	25h REGISTRA	AR'S SIG	NATURE	7,00
(VR A15 ME (5))	W	.C. Mar	ch F/H	Co 111	01 E	North	AVE	רכת	T 2 3 1085	1 100	Spenger 3	and faile	

283029	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 5	27/20
may be goods 3		CRASED NAME FIRST PRODUCTION OF PRINCIPLE OF	ORIA A.	Coby S. DATE OF BIRTH MONTH DAY YEAR	20 DATE OF DEATH MON	M IF UNDER 1 YEAR IF UNDER 24 MRS
A Stours of St	72.0	rthplace male 76	CITIZEN OF WHAT COUNTRY	PAGE 12 1944 8. MARRIED DE NEVER MARRIED	9 BALLIMORE CITY OR CO	YRS DUNTY OF DEATH
by the fund tiled within	6	Altimore.	325 m SUCY FACILITY GIVE STREET	rechen SI	12a USUAL OCCUPATION (TYPE BY YORK FOR MOST OF WOR	AD. RKING UEI 12b. KIND OF SUSINESS OR INDUSTRY
Min 24 hou	m	ALRESIDENCE (IF NURSING HOME OR O			325 m C Tr	code hen STAPTA
3000	1	VAS DECEASED EVER IN U.S. ARM	ED FORCES? NAR OR DATES) DANN 16 U. SOCIAL SEE 216 42	ter Della	ADDRESS ADDRESS	Mc mer hen ST
or the death certificate to the otherding physical we remove corbon papers, crembines or removed.	- 1 TO S	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE Canditions, if any, which gove rise to immediate cause (a), stoting the underlying couse lost.	BY. City ADA	true heart fa	dure	APPROXIMATE INTERVAL BETWEEN CHISET AND DEATH DW-R
on hou been righted it been righted it been righted it been print it be please any injury, or or	CERTIFICATION		Hastata sa	DEATH BUT NOT RELATED TO THE TER NEW OF LYELLY HOPERATION WAS PERFORMED	20a AUTOPSY? 20b	DN GIVEN IN PART TIO IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\sigma \) NO \(\sigma \)
PHYSICIAN, Therefore physicic this certificate the bound-transit and Meetal Hygin ed.or. Item 18 side	MEDICAL CER	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY (AI HOME, STREET, FACTORY, OFFICE,	19 21f LOCATION	RRED (ENTER NATURE OF INJURY IN I	
Notice of a second		276 I certify that (I) (this haspita sow the deceased alive an abave, (I) (we) (did) (did nat). 278. SIGNATURE	87 30 19	ond that in (my) (our) opinion DEGREE	S, ta /O / son death occurred on the date a	nd hour and from the couses stated
D HOSPITAL O HOMERAL D Hould be detected.		776. PHYSICIAN'S NAME (TYPE OR F		22¢ ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN 22. S. GYBBUL ST	0
BP	1	SURIAL	236. DATE 136.	NAME OF CEMETERY OR CREMATORY	BAIN	STATE STATE
DHMH - 16 60M 7/84 (VRA 15, 4)		UNERAL DIRECTOR	155 22 33 d		T 7 1985	REGISTRAR'S SIGNATURE



297093

STATE OF MAKTLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

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27121

		REGISTRAR				CERTIF	ICATE OF DEATH	REG.	NO		
1		CEASED NAME OR PRINT)	FIRST	CV.	NIHIA		OCHRAN	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR 11:25AM
	3 SEX	(4 RACE		5. DATE C		6. AGE (IN YEARS LAST		IF UNDER 1 YEAR	IF UNDER 24 HRS
	F	'emale		Whit	e	Sept.	16,1909 YEAR	76	YRS	MONTHS DATS	HOURS MIN.
1		RIHPLACE (STATE ORF			WHAT COUNTRY?	8.	D NEVER MARRIED				MD
3	10 CI	TY OR TOWN OF DEA		11. NAME OF H		ADDRESS)	OR OTHER INSTITUTION	126 USUAL OCCUPA (TYPE OF WORK FOR MOS Housewife	T OF WORKING LIF		F BUSINESS OR
5		AL RESIDENCE (IF NURS TYLATE LTYLAND	Harfo		ESIDENCE BEFORE Abingdor	/N	13d. INSIDE CITY LIMITS? YES NO 🔀		S / ZIP CODE	n Road	21009
20		THER'S NAME Jesse		- Ri	chardson		15 MOTHER'S MAIDEN N Effie			Smith	
2		VAS DECEASED EVER YES, NO OR UNKNOWN) NO		E WAR OR DATES)	166 SOCIAL SECU 216–18–63		Jean C, Lein			nn. 553	345
	ATION	Conditions, if ony, gove rise to imm couse (a), statin underlying couse PART 2. OTHER SIGN	which nediate g the lost	DUE TO, OR b) DUE TO, OR (c) ONDITIONS CC		ENCE OF	MORE CONTROLLED TO THE TELL	CDMA RMINAL DISEASE OR CO	/O J	OR REMARK	
	CERTIFICATION	10 1 8	5	MALIG 216 TIME OF	NANTR	ETICU	WAS PERFORMED A WAR CELL TIL HOW INJURY OCCU	YES NO	IN CERTIF	YING CAUSES	
2	MEDICAL C	OR CONTRIBUTING CIFE EITHER NOTIFY MEDIC 21d. IN JURY OCCURF WHILE NOT WHAT WORK NOT WHAT WORK 22e.1 certify that (1) sow the decesse obove, (1) (we) (5)	AUSE OF DEA	TH HOUR A./ P./ 21e PLACE ((AT HOME STR	M. MONTH D. M. DF INJURY EET, FACTORY, OFFICE, F	19 FARM ETC)	211 LOCATION STREET 7 19	CITY OR	TOWN	COUNTY	state that (I) (we) last causes stated
,		226. SIGNATURE 226. PROMIT IAN'S NAME (TYPE OR PRINT)					DEGREE ATTENDING PHYSICIAN 122e ADDRESS		MEDICAL STAFF DIRECTOR PHYSICIAN		
1		110	to	R/c	A5510)	Y	JOHNS H	OFKINS K	EURC	DSURC	ERY
1		SURIAL, CREMATION,	REMOVAL	236 DATE			EMETERY OR CREMATOR	23d. LOCATION		COUNTY	STATE
		Burial		pct. 22	,1985 Be	1 Air		rdens, Bel		arford	Md.
4		UNERAL DIRECTOR	-0-		ADDRESS			ATE REC D. BY REGISTRA		RAR'S SIGNAT	URE
	Howard K. McComas III, Abingdon, Md. 21009 OCT 22 1985 Julia Sevidson Panders										

DHMH - 16 60M 7/84 (VRA 15, 4)

Table Officer

- STATE

TO. BIRTHPLACE (STATE OF FOREIGN

Mildred

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76 CITIZEN OF WHAT COUNTRY?

FOR

1 DECEASED NAME

3 SEX

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Coffinberger

5. DATE OF BIRTH

MONTH

CERTIFICATE OF DEATH

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BALTIMORE CITY OR COUNTY OF DEATH

10-11-85

IF UNDER 1 YEAR

REG. NO.

20. DATE OF DEATH MONTH

6 AGE (IN YEARS LAST BIRTHDAY)

26 HOUR

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IF UNDER 24 HRS

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST

Indiana			U.S.	A	WIDOW	ED D	NORCED [Baltimore		ME			
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4	AL RESIDENCE OF NURS							Housewile		At no	ane		
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_	Pa/	Fulto	1	Narfords	purg	YES	но 🔀		190	111	//		
FA	ATHER'S NAME	MIDE	310	LAST		15. MOTHER	S MAIDEN NA	WE		LAST	,		
	Frederick			Fogle		1/6.7	Elizabe			Peeal			
	WAS DECEASED EVER	IN U.S. ARMED	FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORM		ADDRE	SS PO	Box 190	-		
N	YES NO OR UNKNOWN)	(IF YES, GIVE WA	AR OR DATES)	705-07-97	704 B	Walte	r S. Co	offinberger		box 190	Pa.		
-	18 CAUSE OF DEAT	H (Eato) only o				1		TI I I I I I I I I I I I I I I I I I I	TI SEE SA BO	APPROXIMATE IN	TERVAL		
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	Conditions, if ony,		(b)	SEPSIS									
	gave rise to imm		DUE TO O	PAS A CONSECUE	NCE OF								
	underlying cause last. DUE TO. OR AS A CONSEQUENCE OF ENDOMETRIAL CARCINOMA												
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110												
2	RENAL FAILURE												
	19a DATE OF OPERAT		ITION FOR WHICH	OPERATIO	NI MANAS DE DEC	DRIVED	20a AUTOPSY?	Took IE VES V	VEDE EINIDINGS III	CED			
2	148 DATE OF OPERAT	170 COND	HION FOR WHICH	OPERATIO	IN WAS PERF	JKMED	200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?						
=			7 (7)					YES NO YES NO					
5	210 ACCIDENT WAS UND		21b. TIME C	OF INJURY	AY YEAR	216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)							
AL	OR CONTRIBUTING (.M.	19								
2	216 INJURY OCCURE		21e PLACE			211 LOCATE	ON						
ž	WHILE NOT WH	ILE 🔲	(AT HOME ST	REET FACTORY, OFFICE, F	ARM ETC }	STREE	T	CITY OR TO	WN	COUNTY	STATE		
	22a. certify that (I)		attended th	ne deceased from_	10	11	19 85	to 10/1	/ 19	P5 , that (1)	(we) lost		
	saw the decease	d alive on	10/	11 19 0	P5	nd that in (my) (our) opinion	death accurred on the do	ate and hour a		, ,		
	above, (1) (we) (c	lid) (did nat) vi	ew the body	after death.		DEGREE				22c DATE SIGNE			
	1/ //	ma. 0	1,				ATTENDING	MEDICAL STAF	F ,	10/11	105		
	22d PHYSICIAN'S NA	venue	S			100	PHYSICIAN [DIRECTOR PHYSIC	IAN	10111	100		
	4		NT)			22e ADDRES	55						
	M. MA	ACIUL	.15										
a E	BURIAL, CREMATION,	REMOVAL 2	36 DATE	23¢ 1	NAME OF C	CEMETERY OR	CREMATORY	23d, LOCATION					
	Burial		Oct. 1	4.1985	2	7	MAR TO	Martinoh	Ė	erkeley	STATE W. 1		
(F)	UNERAL DIRECTOR.	0	0000	41407	RTed:	TO GO	e to AVA	E REC'D. BY REGISTRAR	25b. REGISTRA	R'S SIGNATURE	***		
1	/ June () 4	01		Martin	sbur	g, W.Va	OCT	21 mos 1	AL Kail	a Brown and	9		
1	1/4/ VY	en/a		1,001 011	10 bal	D 1 11 10	1001	C 1 1300 J	MEN KOLONIA	When I will water			

DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1-	FOR STATE REGISTRAR			DEPART		IEALTH AND MENTAL HY	GIENE O O	4		
	1. DECEASED NAME FIRST			MIDDLE			LAST	20 DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR
7	(1116	OR PRINT)	MARY	A 1	ngela	CO	LEMAN	OCTOBER	23,198	35	09:124
1	3 SEX	X	4	RACE		5 DATE C		6 AGE (IN YEARS LAST B		UNDER I YEAR	IF UNDER 24 HRS
2	1	Female		White	e	Mar	ch 10, 1977	8	YRS	NINS DATS	HOURS MIN.
ť		RTHPLACE (STATE OR	FOREIGN 7	CITIZEN OF	WHAT COUNTRY?	8 MAPPIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY C	F DEATH	
1		Florida		U.S.A	•	WIDOWE		BALTIMO	RE CIT	Y	MD.
5	1	TY OR TOWN OF DE		(IF NOT IN SUC	HOSPITAL, NURSIN THE FACILITY, GIVE STREET DHNS HOP	ADDRESS)	HOSPITAL	12a USUAL OCCUPA (TYPE OF WORK FOR MOST None		12b. KIND O INDUSTRY	F BUSINESS OR
1	POSU A	AL RESIDENCE (IF NUR	136 COUNT	THER INSTITUTION		ADMISSION)	113d INSIDE CITY LIMITS?	1138 STREET ADDRESS	/ 7IP CODE		
5	Man	rvland	Howa	.rd	Columbia		YES NO X	7420 Set		n Way	21046
2,	14 FA	THER'S NAME	M	DDLE	LAST		15. MOTHER'S MAIDEN NA	AME		LAS	7
6		Donald	Clau		Colema	n	Mary	Madeli		Bar	
h		VAS DECEASED EVER		ED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDI	RESS		
4		No		-			D.C. Coleman	1 7420 Sett	ing Sun	Way 2	1046
		18 CAUSE OF DEAT	TH (Enter only	one couse per	line for 101, 161, on	d (c				BETWEEN C	MATE INTERVAL ONSET AND DEATH
	111	PARTI. DEATH V	IMMEDIATE		Cardiac -	- 12	espiratory	ARREST		4	2 minutes
		Conditions, if ony gove rise to im couse (a), state underlying cous	mediate ng the	(b)_	Brain S RAS A CONSEQUE RAS A CONSEQUE Brain Ste	ENCE OF	necrosis /	Failure blastoma M	ultiform		
	NOI	PART 2 OTHER SIG	IN PART II	0							
2	CERTIFICATION	190 DATE OF OPERA	TION	Coma	1 -1	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDINING CAUSES	
1		? To. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER NOTIFY MED	CAUSE OF DEATH			AY YEAR	21c HOW INJURY OCCUP	RRED (ENTER NATURE OF INJ	URY IN ITEM 18 PAR	T I OR PART 2)	
	MEDICAL	21d INJURY OCCUR				ARM ETC)	PARTIES TREET	CITY OR I	OWN	COUNTY	STATE
		270.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on 19 8 above. (1) (we) (did) (did not) view the body after death					nd that in (my) (our) opinion	deoth occurred on the	deoth occurred on the date and hour or		
e		226 SIGNATURE Henri	me	mid			DEGREE ATTENDING PHYSICIAN	MEDICAL ST.		10/2	3/85
		Henr		PRINT		N I	22e ADDRESS		CI	msc-4	IE
	22- 9	LIDIAL CREMATION	DEMOVAL	221 DATE		JAME OF C	SAFTER OR CREATER	Tare LOCATION	-		

DHMH - 16 60M 7/84

(SPECIFY)

TO FUNERAL DIRECTOR

should be detached for use as the burial-transit permit with the State Dept. of Health and Mental Hygiene prio IMPORTANT: If hem 21 is marked or Item 18 spaws any

(VRA 15, 4)

Burial 10/26/85 St. John Cemetery Pensacola
Pensacola
Baltimore, MD
Mitchell-Wiedefeld Home 6500 York Road 21212 10/26/85

Pensacola Escambia

Fla.

Child been and outs shoulded the inch in 1

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200000		FOR STATE			D	EPART	MENT OF	HEALTI	AND MI	ENTAL H	YGIEN	5 5		2 /	1	2	2
298009		REGISTRAR			MED	ICAL	EXAMIN	ER'S	CERTIFIC	CATEO	FDEA	TH	REG. N	0.	-		
2		CEASED NAME	FIRST			WIDDLE		T	LAST			2a DATE	KNOWN	HTHOM	DAY	YEAR	26 HOU
3 8 8 8 E	(L ON THICKING	Jerry	7				Co	les			OF DEATH	MATED [10	/20/19	85	
FILE	3 SEX	4	RACE	5. DATE C		110	6 AGE IN YE	ARS IF UI	DER 1 YR.	IF UNDER		2c. DATE	10.7	MONTH	DAY		74 HOU 2:23
N S N	1	м	В)	16	63	LAST BIRTHD		HS DAYS	HOURS	MIN	PRONOUN DE AD	ICED	10/	20/19	85	2:23
AL SAR	7a. BI	RTHPLACE (STA		76. CITIZE	N OF WHA				IED NE			9. BALTIM	ORE CITY				A
SA S		arylan	a		U.S	7		WIDOV	-	VER MARRI DIVORCI	person.	Pal	timore	- Cit			
IS NECESSARY, PLEASE E FUNERAL DIRECTOR. E S FOR YOUR FILES. ED, WITHIN 72 HOURS I WE PRESTON STREET,		TY OR TOWN O		II NAME			RSING HOME						ATION (TY		126 KIND	OF BUS	INESS
> # 8 # 8 Z Z				(IF NOT	IN SUCH FACE	LITY, GIVE S	REET ADDRESS)					NOST OF WOR			OR IN	DUSTRY	Υ
AIN PELVEN	USUA	Baltim	Ore	OR OTHER INST	INS HO	DOK 11	S HOST	oltal	-113								
294987	13a. S	TATE	136. COUN		11011014, 014	13c CITY	ORTOWN		13d INSIDE CI	ITY LIMITS?	13e STRE	EET ADDRE	tlan	J 3		212	0.5
200		ryland	diameter (-0.000	RaT	timor	e	YES			8 Ru	tlan	a Av	e.	212	U5
455 E	14. FA	THER'S NAME		MIDDLE			LAST		F	R'S MAIDE	N NAME	M	IDDLE		Wils	T	
23.33		rry				Col			Mar						WIIS	on	
L., BALTI URS AFTER B. GIVERA WITH FOR T. DIVISION		VAS DECEASED ES, NO, OR UNKNOW	EVER IN U.S. AR	MED FORC		166, 500	IAL SECURIT	Y NO.	17. INFORA				ADDRES:				100
ESTON ST., BALTIME IIN 24 HOURS AFTER IN TEM 1B. GIVERA PALONG WITH FOR PATIST FREME, DIVISION MOVAL.	n	0					1000		Mary	Cole	es l	018	Rutl	and			120
T., BAL.		18 CAUSE OF	DEATH (Enter on TH WAS CAUSE	ly one caus	e per line f	ar (o), (b)	, and (c).)	241			11.5				APPR 8ETWEE	N ONSET	AND DEATH
TON ST., 24 HOUR ITEM 1B. LONG W PERMIT. GIENE, D		INCIDEA		TE CAUSE ((a)		Mu.	ltipl	e Gun	shot 1	Wound	ds	To S				
N ALC AND ALC AND AND AND AND AND AND AND AND AND AND				DUI	E TO, OR A	S A CON	ISEQUENCE	OF									
PRESTON ITHIN 24 H CIL IN ITEM CIL IN ITEM PANSIT PER AAL HYGIEN REMOVAL			, if any, which to immediate		(b)												
201 W. PRE UTED WITHI IN PENCIL EXAMINER I'AL TRANS O MENTAL NO ON, OR REA		cause (a) s lying cause	tating the under-	DUI	E TO, OR A	S A CON	SEQUENCE (OF						17.		100	
IDS, 201 W. PREST KECUTED WITHIN NG" IN PENCIL IN NG" IN PENCIL IN NG IN TANAMER A BAIR IN TANAMER AND MENTAL HY ATION, OR REMO		ly mg coose	1031.	((c)	Mile.											
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOL RITING THE WORD "PENDING" IN PENCIL IN ITEM 18 ROED TO THE CHIEF MEDICAL EXAMINER ALONG ER 3 SHOULD BE USED AS A BURIAL. RANTAL HYGIENE, TO EPEPARTMENT OF HEATH AND MENTAL HYGIENE, TO PRIOR TO BURIAL, CREMATION, OR REMOVAL.		PART 2 OTHER SIGN	IIFICANT CONDITIONS	CONTRIBUTING	TO DEATH BU	IT NOT RELA	TED TO THE TERM	INAL DISEAS	E OR CONDITION	N GIVEN IN PAI	RT 1 (a).						
ECORDI D BE EXE FENDING MEDICA AS A BU CREMA A	CERTIFICATION																
F VITAL RE E SHOULD WORD "PE CHEF N E CHEF N NT OF HEL	3	19a DATE OF C	PERATION	196	CONDITI	ON FOR	WHICH OPER	ATION V	AS PERFOR	MED?					2D AU	OPSY?	
E SHOUL WORD "P E CHIEF BE USED NT OF HE BURIAL,	Ē			7 2 3											YES	XX	NO 🗌
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ERTIFICA ING THE ED TO THE S SHOULD PEPARTM	MEDICAL	CONTRIBUTING	G CAUSE OF		43 MX		20/1985		bject	shot							
VISIC FING FING SEPA PRICE	03	21d INJURY OC	CURRED	21e	PLACE OF				CATION			CITY OR TO	4/51	-	UNIY		STATE
DIVIS THIS CER E, WRITIN RWARDED PAGE 3 STATE DEP	2	WHILE AT WORK	AT WORK	X		reet		900	Blk.	N. B.	road					1.	SIMIE
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N STOTE N	100	deoth resulted		rol colses		Accident		icide		ide XX		ermined mo		na in my o _j	Sittott		
EXAM CERTILID B DIREC WARY		debin resone		L		/		icide	TITLE (S		Ondere	eritined inc	miner,				
A HOUGH		ACTUAL SIGNATURE_	/	1	1	1/				istan	t	CALEVAN	IN IED	DATE	. 10)/20	/85
SER SER			1	1/	/	1					MEDI	CALEXAN	INER	SIGNI	0		
TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE STABALTIMORE, MARYLAND, 2	-	EXAMINER'S N (TYPE OR PRINT	AME Gre	egory	R. K	auffi	man, M	.D.	ADDRESS	11	1 Per	nn St					
TO PACT	23a.BI	URIAL, CREMATI	ON, REMOVAL 2	236 DATE		23c. N	IAME OF CE	AETERY C		ORY	23d. LO	CATION			NYM		
07/84 BP	(5	BURIAL	S 3111 7 5	10-2	1 OF	T	Baltim	000			Ba	altir	nore	cou	Mary	STAT	
25M DHMH - 17	24. FI	UNERAL DIRECT	OR	10-21	ADDRESS					250. DATE R			R 256 REG	ISTRAR'S	IGNATUR	E	
(VR A15 ME (5))	W		rch F/F	H Co		0.1	E NO	- 1 7		80	T 2	3 198	5 5 28	a view.	with !	2000	2
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STATE OF MARYLAND

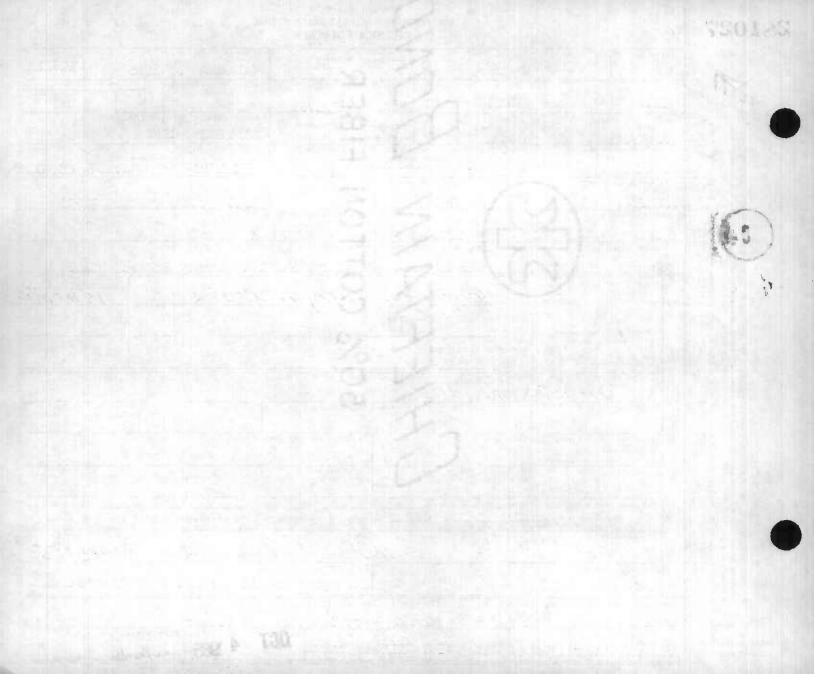
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF BEATH

3	5	50	1	1	2
	DEC NO				

27	FOR STATE REGISTRAR	DEPAI	RTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	IYGIENE 3 S	2//	2 0
	DECEASED NAME FIRST TYPE OR PRINT! ROBEI	RT F.	COLLINS , SR.	20. DATE OF DEATH MON	1985	26 HOUR 12:11A
3	MALE SEX	4 RACE WHITE	5. DATE OF BIRTH MONTH DAY YEAR JANUARY 17 1931	6. AGE (IN YEARS LAST BIRTHDA'	Y) IF UNDER I YEAR MONTHS DAYS	HOURS MIN
27	BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARYT AND	76 CITIZEN OF WHAT COUNTR	MARRIED XX NEVER MARRIED WIDOWED DIVORCED	BALTIMORE C		M
45.1	BALTIMORE	11. NAME OF HOSPITAL, NUR I FNOT IN SUCH FACILITY GIVESTR BON SECOURS	SING HOME OR OTHER INSTITUTION HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO MECHANIC	PRKING LIFE) INDUSTRY	BUSINESS OF
155M	SUAL RESIDENCE (IF NURSING HOME O 30 STATE 13b COU		ORE YES X NO	1917 RAMSEY		223
Pax.	FATHER'S NAME FIRST JAMES	MIDDLE LAST COLLI		NAME MIDDLE	LAST	
2	WAS DECEASED EVER IN U.S. AF (YES, NO OR UNKNOWN) (IF YES GI YES KORE	VE WAR OR DATES)		address as 1917 Ramsey		223
, ar ather traumatic ever	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEC		PAMINAL DISEASE OF CONDITION	ON GIVEN IN PART LO	Mont
ows any injury	Diebe	tes mellitu	CH OPERATION WAS PERFORMED	200 AUTOPSY? 20	b. IF YES, WERE FINDIN I CERTIFYING CAUSES YES [7]	GS USED
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE LITHER, NOTIFY MEDICAL EXAMINE AL WORK AL WORK AL WORK AL WORK AL WORK		DAY YEAR 19 21f LOCATION	URRED (ENTER NATURE OF INJURY IN	ITEM 18 PART OR PART 2) COUNTY	STATE
STANT. If hem 21 is mo	The SIGNATURE 22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	DEGREE ATTENDING PHYSICIAN 22e ADDRESS	1 7 DIRECTOR D PHYSICIAN	22c DATE S	3/85
	Dr. Paul Gorm 30. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23b. DATE 23	St. Agnes F R NAME OF CEMETERY OR CREMATOR LOUDON Park Cemeter	CITY OR TOWN	logy Depart	ment Maryla
M 7/84	4 FUNERAL DIRECTOR Hubbard Funeral 1	Home, Inc. 410	7 Wilkens Avenue	CFECID. BY REGISTRAR 256	REGISTRAR'S SIGNATU	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP_



281054	1-	FOR STATE 10-9-85 D. REGISTRAR		DEPARTMENT OF DICAL EXAMIN			0 3	2 7 REG. NO.	12	1
1007	II. DE	CEASED NAME FIRST	- 5.	MIDDLE		LAST	OF E	NOWN MONTH		Zb HOU
A SERVE A	1	Willi		chard		mbs	DEATH M	ATED 10		
10	3. SE	x RACE	5. DATE OF BIRTH	YEAR LAST BIRTH			MIN. PRONOUNCE DEAD	MONTH 10	/ 1/ ₁₉ 85	9:0
THE REAL PROPERTY OF THE PERSON OF THE PERSO		IRTHPLACE (STATE OR PREIGN COUNTRY).	76. CITIZEN OF W	HAT COUNTRY?	MARR	IED X NEVER MARR	IED 📙	more Cit		
O THE FL	10 C	Baltimore		SPITAL, NURSING HOM	E, OR OTH	ER INSTITUTION	Merchan	TION (TYPE OF WORK		
ANY DELAND 3 TO NO 3 TO NO 1 T	13a S	AL RESIDENCE (IF IN NURSING HOME OF	ROTHER INSTITUTION, G			134 INSIDE CITY LIMITS?	'63E Para	psco Av	re.2122	5
EST. 2.	14. F	ATHER'S NAME FIRST	WIDDLE	LAST		15 MOTHER'S MAIDE	EN NAME MIDDI	ιE	LAST	
The second	160	WAS DECEASED EVER IN U.S. AR/	MED FORCES? WAR OR DATES)	218-09-7		17. INFORMANT Elizabet	Baltimor h Lowe 63	BORESMary 6 Patar	land 2	1225 e•
1.30		18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE!		for (o), (b), and (c).)	otic	Cardiovasc	ular Diseas	se	APPROXIMAT BETWEEN ONSE	
PRESTO TITHIN 24 COL IN THE WER ALC AN STER REMOVE		Canditions, if any, which gave rise to immediate	DUE TO, OR	AS A CONSEQUENCE	OF					
DOL OR.		couse (a) stating the <u>under-</u> lying cause last.	< ''	AS A CONSEQUENCE	OF					
LI RECORDS. ULD BE EXECT. "PENDING" EF MEDICAL HED AS A BUR HEATH AND	NO	PART 2 OTHER SIGNIFICANT CONDITIONS		BUT NOT RELATED TO THE TER	MINAL OISEAS	E OR CONDITION GIVEN IN PA	RT 1 (a)			
SHOULD ORD "PEI OR LEEF AN EUSED A TOF HEA URIAL, C	CERTIFICATION	19a DATE OF OPERATION	196 CONDI	TION FOR WHICH OPE	RATION W	'AS PERFORMED?			20. AUTOPSY	
S CRTIFICATE SHOULD BE EXECUTE STRING THE WORD "PROBING" IN RED TO THE CHIEF MEDICAL EX- E 3 SHOULD BE USED AS A BURNA E DEPARTMENT OF HEALTH AND TO PRIOR TO BURNAL, CREMATION		214 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21b. TIME OF HOUR A.M	A. MONTH DAY YEA		OW INJURY OCCURRE	D (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR P	YES L	NO [X
DIVISION THIS CERTIFING WARDED TO PAGE 3 SHORT OF PAGE 3 SHORT	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE	OF INJURY AT HOME, TORY, FARM, ETC.)		CATION	CITY OR TOWN	C	OUNTY	STATE
TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE. VP. PACE 4 SHOULD BE FORW. TO FLINERAL DIRECTOR: PAFER DEATH, WITH THE STARB BALTIMORE, MARYLAND, 21		220 I certify that I took charg	e of the remains des		Autap	sy , Inspectia	n X, Inquiry Undetermined mann	ond in my o	Ipinian	
CAL EXA THE CER SHOULD RAL DIR RAL DIR RE, MAR		ACTUAL SIGNATURE	5		M	TITLE (SPECIFY) D. Assistan	t_MEDICAL EXAMIN	DATE ER SIGN	10/2/	/85
TO MEDI SACCUTE TO FUN SALTIMO	72- 0			auffman, M.		ADDRESS	11 Penn St.			
07/84 BP	1		10-4-85	Securi	ty P	rocess Ir	ic Cartons			iti.
DHMH - 17 (VR A15 ME (5))		UNERAL DIRECTOR MCCully Funer	al Home	237 E. P	atap		REC'D. BY REGISTRAR 4 1985	256 REGISTRAR'S	71 4 ~	L

ITEM NUMBER 13e, PER. PH. CALL STATE OF MARYLAND

FOR - STATE REGISTRAR

STATE OF MARYLAND CERTIFICATE OF DEATH

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DEC NO					

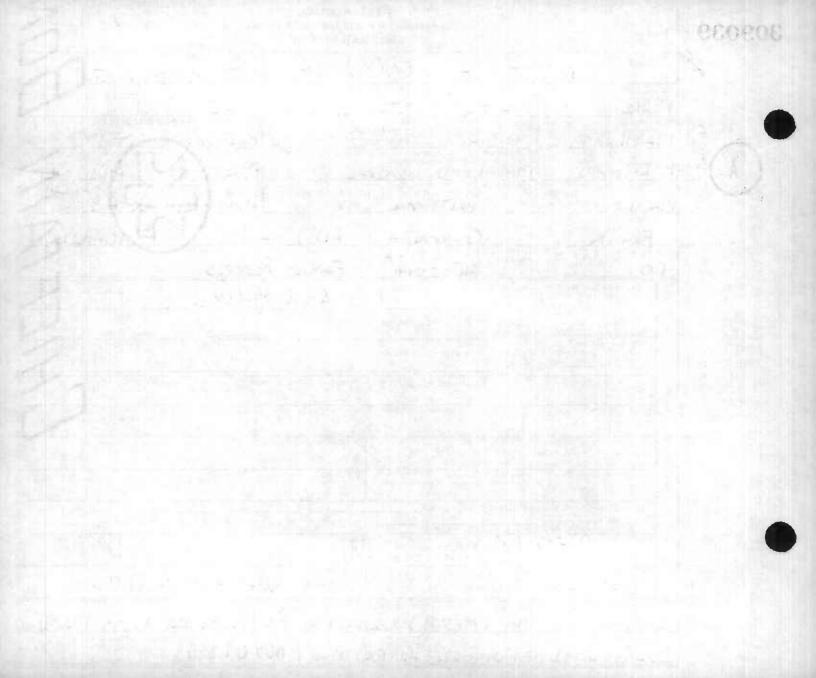
UT S	CALANT THE ALL STRUKE OF HELL BASINGS ON HIGH POWER CYCLIC THE MEDICO	reduit and method by the prior to define and the prior to	with the Ctote Dept of Health and Mental Hydrene prior to burnel premotion, or removal	ar use as the burial-transit permit. Then please remaye carbanpapers. Pages a maid? Thouse till a wife 7.1 hours ofter dea	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and committee the party of the part	The state of the s
TO FUNERAL DIRE should be detached with the State Dept IMPORTANT. If her	THE CALL IT HEIR ALL STRUCKED OF HEIR LE	with the State Dept of Health and Memal H	with the State Deat of Health and Mental H	should be detached for use as the burral-tra	TO FUNERAL DIRECTOR: After this certifical	

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.

	6	THE COUNTY OF TH				REG. NO	Э.			
1		CEASED NAME FIRST	MIDDLE	M	AST A A	20 DATE OF DEATH	MONTH DAY	YEAR	2b HOU	R
1	LITPE	J0201	VI 17 (2)VIC	ORMA	OCTORSA	2115	700		
1	3. SE)	· Cooli	RACE	5. DATE C	S DIDTH	AGE (IN YEARS LAST BIR	No. of the last	UNDER I YEAR	IF UNDER:	21 NBS
١	0	P	I a	MONTH		AOE (III TEMBERSTON		VIHS DATS	HOURS	MIN.
ı	1	IALE	WHITE	JAC	. 31 1920	65	YRS			3-4
H		RTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?	8.	NEVER MARRIED	BALTIMORE CITY Q	R COUNTY O	FDEATH		
1	3	ARYLAND	11.5.0	WIDOWE		BALTIMO	35 6-6	- (1		
3	10 CI	TY OR TOWN OF DEATH	1. NAME OF HOSPITAL NURSING			120 USUAL OCCUPATI		126. KIND OF	DUSTNE	MD.
J	0	- Tale	(IF NOT IN SUCH FACILITY, GIVE STREET A			LYPE OF WORK FOR MOST O	F WORKING LIFE)	INDUSTRY	BUSINE	33 60
3	Di	32001/16	TARYLAND G	515F	AL	PIPZFITE	R	Alliso	CHE	M.
4		AL RESIDENCE HE NURSING HOME OR OT TATE, 136 COUNT	THER INSTITUTION GIVE RESIDENCE BEFORE		1 13d INSIDE CITY LIMITS?	1. CIDEET ADDDESC	710 CODE	21	1334	
Ы		eryhano -	BALTIM		YES X NO	STREET ADDRESS	MAK	Dire		
9		THER'S NAME	10rg/11rg	16	15. MOTHER'S MAIDEN NAM	O TOO CALL	IONN	1317		
			IDDLE LAST		A A FIRST	WIDDIE	m.	LAST		
2		-RANK	CONCORD	A	HUSLINA		11,0	1GAR	211	
1		VÅS DECEASED EVER IN U.S. ARMI	ED FORCES? 16b SOCIAL SECUR	ITY NO.	17 INFORMANT	ADDRE	SS			
1	\sim	(IF YES GIVE V	NEOS OI		Family R	SCOPOS				
				1:	171111111111111111111111111111111111111	2000		APPROXIA	AATE INTER	VAL
ı	-	PART I. DEATH WAS CAUSED	one cause per line for (a), (b), and BY:	10/1	OILLOUILA A	LIMA		BETWEENO	NSET AND	DEATH
1		IMMEDIATE	CAUSE (a)	(60	Monday Mil	110000				
1			DUE TO, OR AS A CONSEQUE	NCE OF		()				
١	100	Canditions, if any, which	(b)			U				
١		gove rise to immediate	}							
1		couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUEN	NCE OF						
1			((c)							
1	7	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DI	EATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE OR CON	DITION GIVEN	IN PART TO		
	CERTIFICATION									
d	CA	190 DATE OF OPERATION	196 CONDITION FOR WHICH C	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20h. IF YES, V	VERE FINDING	GS USED)
	TE					YES T NOT	YES		NO T	n,]
d	ER	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c. HOW INJURY OCCURRE					
1		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY	Y YEAR						
	CA	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19						
1	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA	RM FIC)	21f. LOCATION STREET	CITY OR TO	WN	COUNTY	51	ATE
1	2	AT WORK NOT WHILE AT WORK			Call No. of the S					
1		22a. I certify that (I) (this haspital	l) attended the deceased from		. 19	_, to	. 19	, †	hat (l) (w	ve) lost
1		saw the deceased alive on	19	, ar	nd that in (my) (our) apinion de	eath occurred on the do				
1		22b. SIGNATURE	view the body after deaths		ddcard ()			22c. DATE S		
1		TATALANTA	(DARM)		ATTENDING	MEDICAL STAF	F	ZZC. DATE S	IGNED	
_		Curco	MALLE		PHYSICIAN D	DIRECTOR PHYSIC				
1		22d. PHYSICIAN'S NAME TYPE ORP	PRINT		22e ADDRESS	041001	(2 les	hick		
1		WHILEK	KOPPEL		1 1400 F NO	KITTEKN	tanian	my		
1	23a B	URIAL, CREMATION, REMOVAL	23b. DATE 23c N.	AME OF C	EMETERY OR CREMATORY	23d LOCATION		- (+-		
		SPECIEV).	0 1	001	and Maria	O CITYOR TOWN	. 0	OUNTY C	1 . ~ 1	ATE
	14.5	URIAL	1001-7 1282 11 K	TONG	HUIRULY	I HRW I	< BAI	10-1	IARY	AND
	24 FL	INERAL DIRECTOR	ADDRESS S	00	250 DATE	REC'D. BY REGISTRAR	ZSUPREGISTRA	R'S SIGNATU	RE and 0	Ø.
1	2	VANS CHAPELO	FI bemoriss H	ARFO	RO RUAD MUI	0 T 1982	1		1,1,000	,

DHMH - 16 60M 7/84

(VRA 15, 4)



FOR - STATE REGISTRAR DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

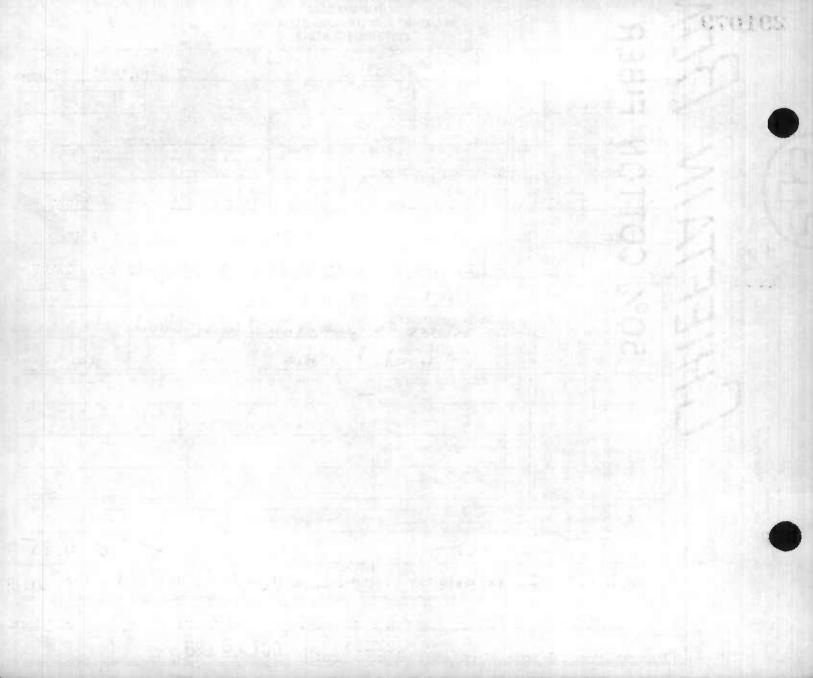
CERTIFICATE OF DEATH

REG. NO. 20 DATE OF DEATH MONTH

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21701	å.	ren
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1 18 90	1	Baltimore	St. Agnes Ho			Homemaker	Would they live	DOSTRI	
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Tion Ties	CATIC	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206 IF YES, WER	RE FINDINGS I	ISED
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ysicio cote l cote l cote l dygie 8 sho	CERTIF	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJURY OCCU	IRRED (ENTER NATURE OF INJUR			
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or or se or mor			tal) attended the deceased from_		19	to		that (li (we) last
TTEN Ditol TOR for u		saw the deceased alive an	19	, on	d that in (my) (our) opinio	n death accurred on the do	ite and hour and	from the couse	stated
hosp hosp hed hed tem tem		22b. SIGNATURE	view the body offer death	[DEGREE		12	TO DATE SIGN	ED
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DHMH - 16 60M 7/84	24 FU	JNERAL DIRECTOR			25a. D.	ATE REC'D, BY REGISTRAR	256. REGISTRAR'S	SIGNATURE	delle-
(VRA 15, 4)	I		Home, Inc. 4107	Wilke	229 ens Ave.	OCT 1 6 1985	gulia Dev	1000000	
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FOR STATE

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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oould be detached for use as the burial-transit permit. Then please remove carbon papers, the sould be detached for use as the burial-transit permit.	ith the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.	PORTANT: H

(VRA 15, 4)

BP	(SPECIFY) Buria
DHMH - 16 60M 7/84	24 FUNERAL DIRECTOR

1	I. DECEASED NAM	E FIRST		MIDDLE	ı	AST	- 250 O=1	20. DATE OF DEATH	MONTH	DAY YEA		b HOUR
1	(TYPE OR PRINT)	EA	ARTHA		COC)K	17.33		10	12 8	5	10 25 M
1	3 SEX		4. RACE	Land Control	5. DATE C	F BIRTH		6. AGE (IN YEARS LAST B	RTHDAY)	IF UNDER 1 Y	EAR II	F UNDER 24 HRS
1	Femal	е	Blac	ck	8 8	31	33	52	YRS	MONTHS D	AYS	HOURS MIN.
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1	BALTIMOR	E CITY	UNION	HOSPITAL, NURS THEACILITY GIVE STRE MEMORIA	AL HOSE		TITUTION	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST		LIFE) 1ND US	ID OF E	BUSINESS OR
	130 STATE MD	E HE NURSING HOME OF		Baltimo	WN	13d INSIDE C	NO 🗌	13e.STREET ADDRESS 621 Cat	zip cod	enue	21	218
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	160 WAS DECEASE		MED FORCES?	166 SOCIAL SE	CURITY NO.	17 INFORMA	.NT	ADDI	ESS			
	No	(The second	VE WAR OR DATES!	217-34-	8496	Brenc	la Cook	614 Ca	itor A			
	II CAUSE C	F DEATH (Enter or	nly one cause per	line for (a), (b),	ond (C)					BE TW	POXIMA	ATE INTERVAL
	PART I. D	EATH WAS CAUSE	D BY: TE CAUSE (a)	0		outh					1.8	hrs
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	gave rise	if any, which to immediate	(b)_	2450	rachno	ידן עי	morrage	re .				
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7	2.27.0.07	150 610 116 10 11	(c)									
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2	210. ACCIDENT	OPPRATION	196 COND	ITION FOR WHIC	CH OPERATIO	N WAS PERFO	RMED	20a AUTOPSY?		ES, WERE FI		
4	TIFIC		18.2					YES NOW		IFYING CAL		NO [
7	OR CONTRACTO	ING CAUSE OF DE	110110 4		DAY YEAR	21c HOW IN	JURY OCCURR	ED (ENTER NATURE OF IN	URY IN ITEM 18	PART LOR PAR	1 21	
4	S (IF EITHER NO	OTIFY MEDICAL EXAMINE		M.	19							
1	CIT ENTHER NO	OCCURRED	21e. PLACE	OF INJURY	E FARM EYE 1	211 LOCATIO	N	CITY OR I	OWN	COUNT	Y	STATE
	WHILE AT WORK	NOT WHILE	(AT HOME ST	REET, PACTORY, OFFIC	E, FARM EIC F							
	22a.1 certify	that (1) (this hosp	itol) atended th	e deceased from		0/16	1985	, to	10/17	, 19 83	. 1110	at (IT We Plast
	sow the	deceased alive an	of view the body	after death.	S. F., ar	nd that in (my)	(our)apinian o	leath occurred an the	date and ha	ou and fram	the ca	uses stated
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		4/	he	_	/	no "	PHYSICIAN [MEDICAL STA	CIANT	10	0/1	7/85
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	230 BURIAL, CREM					EMETERY OR		23d LOCATION		COUNTY		NAPATE
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Wm. C. March F/H, Inc. 1101 North Ave.

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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27/31

		REGISTRAR				CERTIF	ICATE OF	DEATH		REG. NO.				
2		CEASED NAME	FIRST	,	MIDDLE	-	LAST		2a DATE OF		DAY	YEAR	2b. HOUR	-
		aura Cook							10/	20/85			5:15p	· N
	3. SEX	X		4. RACE		5. DATE C				ARS LAST BIRTHDAY)		DER I YEAR	IF UNDER 24 HRS	_
	Fe	emale		Cauc		9/	13/99	YEAR	86	YI	MONTH RS	DAYS	HOURS MIN	
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2	Ba	altimore		Bela	HEACILITY, GIVE STREET CONV	rales	arium	1	Hous	FOR MOST OF WORKIN	NG LIFE) IN	ho	me	
5	Mo	AL RESIDENCE (IF NURSI	13b COUI	alto.	RESIDENCE BEFOR 13c. CITY OR TOW Balt	VN	13d INSIDE	CITY LIMITS?	13º STREET A	ADDRESS / ZIP C	ODE	aile	r Ct.	
12	LL FA	THER'S NAME		MIDDLE	LAST		15. MOTHE	R'S MAIDEN NA	MEWhit	Marsh	,Md.	2.	1162	Ī
7	Ja	ames Cant	rel		CASE		1123	Louisa		WIDDLE		LAS		
0		VAS DECEASED EVER I		MED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFORA			ADDRESS				•
4	No		(IF TES GI	- WAR OR DATES)	233-34-	9296	Elv	a Moxl	ev, s	ame add	ress			
2	CERTIFICATION	Conditions, if ony, gove rise ta imm cause (a), stating underlying cause PARI/2 OTHER SIGN 9a DATE OF CARAT	lediate g the lost.	DUE TO, OI	R AS A CONSIST OF THE PROPERTY	DEATH BUT	myreter	me . Cont	NINAL DISEASI	OR CONDITION OR	F YES, WE	PART 110	NGS USED OF DEATH?	_
	E I								YES 🗌	NO	YES 🗌		NO 🗌	
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		ALBERT B.			D.		22e ADDR 490		R RD.	BALTO.,	MAHYI	LAND	21206	
	23e B	SURIAL, CREMATION, F	REMOVAL	23b. DATE	230	NAME OF C		RCREMATORY	23d LOCA					=

Dr____

DHMH - 16 60M 7/84 (VRA 15, 4) Burial 236 BURIAL, CREMATION, REMOVAL 236 DATE 10/23/85

Holly Hill

23d LOCATION
CITY OF LOWN
Balto., Md.

NTY STATE

Schimunek Funeral Home, Inc. 9705 Bolair Road, Balto, Md. 21236

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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the funeral director, page 3

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR					CEKTIF	ICAILO	PULAIN		REG. I	NO.		
H		CEASED NAME	FIRST		MIDDLE		ı	AST	1 1 1 1 1	20. DATE	OF DEATH		DAY YEAR	26 HOUR
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	10 CI	TY OR TOWN OF DE	ATH	11. NAME OF I				OR OTHER I	NSTITUTION		L OCCUPA	TION OF WORKING		OF BUSINESS OR
		Baltimore		3811 C	anter	bur	y Ro	ad #	910			Dea		ns Hopkin
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4	11.01	MD			Ba	ltim	ore	YES 🔀	NO 🗌		Car	nterbu	ury Rd.	., 21218
5	14. FA	THER'S NAME		MIDDLE		LAST		15 MOTHE	ER'S MAIDEN NA	AME	MIDDLE		LA	AST
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į		VAS DECEASED EVER		MED FORCES?	16b SOCI	IAL SECU	RITY NO.	17. INFOR	MANT					Circle
á		Yes	W	V I	220	30 2	2857	Mrs	. David	d Eva	ns C	Oberl	in, OH	44074
3		18 CAUSE OF DEAT	H (Enter ar	ly ane cause per	line for ia	Jobi, and	dicti		1-		-4-0		APPRO	XIMATE INTERVAL
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Н	CERTIFICATION	19a DATE OF OPERA	TION	196. COND	ITION FOR	WHICH	OPERATIO	N WAS PER	EORMED	29n AU	TOPSY?	20h IF Y	ES, WERE FIND	INGSTISED
	FIC											IN CERT	FIFYING CAUSE	S OF DEATH?
7	ERT	21g. ACCIDENT WAS UN	DERIVING F	1 216 TIME O	E INTERP			121c HOW	INJURY OCCUR	YES [NO X		YES 🗌	№ □
		OR CONTRIBUTING	-		M. MON	TH DA	Y YEAR	21011000	11430KT OCCOR	KED (ENTER	NATURE OF IN	IURY IN ITEM IE	S PART I OR PART 2)	
1	CA	(IF EITHER NOTIFY MED					19							
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ł		220.1 certify that (1)	(this haspi		e deceased		11	16	19_8.5	, to	14	10	19 05	, that (I) (we) fast
		saw the deceas	ed alive on	ti view the body	after deat	19	85,01	d that in (n	ny) (aur) apinion	death accur	red on the	date and ho	our and fram the	e causes stated
ı		226 SIGNATURE	4 0	Trice inc sody	difer death			DEGREE					22c DATI	E SIGNED
		all	7 1	ur			4	with	ATTENDING PHYSICIAN	MEDICA	R PHYS	AFF	1910	0/800
П		22d. PHYSICIAN'S N	AME (TYPE C	R PRINT]				22e ADDE		- INLC IC	K [] FIIIS	ICIAIT L	10	100
1	Ъ	Dr. Wil	liam	F. Fri	tz. I	MD		2 W	. Unive	ersity	Pkw	v E	Balto	MD
		URIAL, CREMATION,					AME OF C		R CREMATORY	23d LO	CATION			
-	- 1	Crematio	on	10/10	/85	(Green	n Moi	unt	Ba	ito.,		COUNTY	AD STATE
- 1	_			10/10								35	STRAR'S SIGNA	

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

BP.

TO HOSPITAL

DHMH - 16 60M 7/84 (VRA 15, 4)

should be detached for use as the burial-transit permit. Then please remave carban pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

IMPORTANT: If them 21 is marked or them 18 shows any

4905 York Road

Balto.

TO FUNERAL DIRECTOR After this certificate has been

injury, or other traumatic event,

signed by the attending

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Clare C. Van Negaria Van Negaria

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or. Willer F. Fritz, ND 22 W. Univer to Fig., AD Charlinton to Market Charling the Contract of the Contract of

Heart W. Mendand & Sons Co. THE YORK POLY Edite. WELL STRING TOWNS TOWN

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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the tuneral director page 3

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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2.		REGISTRAN				REG. NO				
+	(TYPE	CRASED NAME PIRST PA/Ph		soper		/	10 - 3	30-85	26 HOUR J	M
	3 SEX	M	乃	S. DATE OF BIRTH	14	AGE LINYEARS LAST BIRTH	YRS	FUNDER I YEAR	HOURS MIN	_
C	C	RTHPLACE (STATE OR FOREIGN OUNTRY) No G		WIDOWED DIV	ORCED [BALTIMORE CITY OR	4025	colo		D.
6	B	I CTIMONS		ORESS) HOSA		2a USUAL OCCUPATION PEOF WORK FOR MOST OF	WORKING LIFE		F BUSINESS O	20
3	Ha S	MD 13b COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE ALITY 131. CITY OR TOWN 13. A L.T.M.	ON & 13d INSIDE CI	NO 🗆	3. STREET ADDRESS /	ZIP CODE	e Auc	,	
9	20	7	DOO POR LAST	MA		V/IN MIDDLE		2/2 ins	16	
		YED WY	VIP 218-01- 2	43 / Mac		ADDRES	VOA	3604	MATE INTERVAL	
		PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse last.	E CAUSE (0) DUE TO, OR AS A CONSEQUEN (b) DUE TO, OR AS A CONSEQUEN (c)	ce of	10	transt				_
1	CERTIFICATION	19a DATE OF OPERATION	ONDITIONS CONTRIBUTING TO DE			200 AUTOPSY?	20b. IF YES,	WERE FINDIN	GS USED	
	MEDICAL CER	21d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED AT WORK NOTIFY WORK 22d. I certify that (I) (this hospit sow the deceased alive on above, (I) (we) (did) (did not 22d. SIGNATURE)	P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FAR tol) attended the decreased from (b) view the body after death.	YEAR 19 211 LOCATIO STREET . and that in (my) (DEGREE	OUT) OPINION OF	D (ENTER NATURE OF INJURY CITY CONTROL MEDICAL STAFF DIRECTOR PHYSICI THE STAFF THE	30 g	. 85°		st
	1	URIAL, CREMATION, REMOVAL	1 1 1 1 1 1	ME OF CEMETERY OR C	ry	23d. LOCATION ALITY OR TOWN	02.6,	My 2.	2 X X	
	24 FU	WAMP Hay &	638N. CORESS/A	102 14	256. DATE	0 1 1985	NECKIR Kar	ARS SIGNAL	Hille	14

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion one should be detached for use as the burnal-transit permit. Then please remove carban papers. Page with the State Dept. of Health and Mental Hygiene prior ta burial, cremation, or removal.

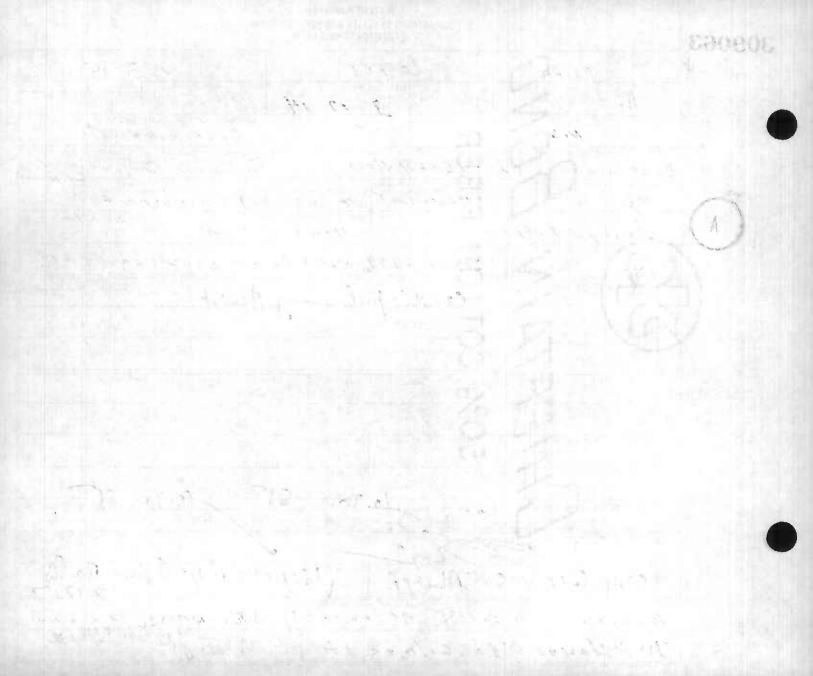
OR ATTENDING PHYSICIAN The low

TO HOSPITAL

retained by the haspital or attending physician.

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IMPORTANT: If Item 21 is



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	ied for	10. CI	TY OR TOWN OF DEA	TH I	11. NAME OF I	HOSPITAL, NU			OTHER INST	TITUTION	170 USUAL O	CCUPATION OR MOST OF WORKING L		KIND OF	BUSINE	55
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	the horal DIRE erroched the Dept Tr. If there		27b. SIGNATURE	Loc	11/1	en, -		DEC	GREE A	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF	270	016	119	
	O HOSPITAL TO FUNERAL Should be determined by the State With the State MPORTANTS:		22d PHYSTOJANS NA	ME CTYPE OR	PRINT	evu	m	27	e ADDRES		Med	eal av	E-Y	3.6	d Y	4
	5 5 5 € 3 ₹		URIAL, CREMATION, F	REMOVAL	73b. DATE	2 7				CREMATORY	73d. LOCAT					
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Wm. T. March F/H , Inc. 110 F. North Ave.

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/B4

(VRA 15, 4)

STATE OF MARYLAND 296034 DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REG. NO. I. DECEASED NAME LAST 20 DATE OF DEATH MONTH FIRST 26 HOUR (TYPE OR PRINT) 10 85 ST SIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS Y OR COUNTY OF DEATH timore City PATION 12b. KIND OF BUSINESS OR OST OF WORKING LIFE INDUSTRY 21205 Patterson Pk. Ave. Northern 723 N. Patterson Pk ONDITION GIVEN IN PART 100 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO I INJURY IN ITEM 18 PART I OR PART 21

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Mb

304	079	1.	FOR STATE REGISTRAR			DEPARTA	MENT OF H	OF MARYLA EALTH AND A CATE OF D	MENTAL HYG	REG.		11	5 5
ge 3	eogh	TYPE	OR PRINT) Ruth	Eliz	abeth	Coulbou	rne	ist		10/23/19		DAY YEAR	2b HOUR 11:25A
le 4 moy	s ofter d	3 SE	Female	4	White		5. DATE C	F BIRTH 1'4	1903	6. AGE (IN YEARS LAST	BIRTHDAY)	FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
eath. Pag nerol dire	n 72 hour	Za Bi	risfield, I	oreign 7b	CITIZEN OF	WHAT COUNTRY?	8 MARRIEI WIDOWE	NEVER M	ARRIED D	Baltim	OR COUNTY		MD
s ofter d	Of with		TY OR TOWN OF DEA Baltimore	тн 11		HOSPITAL, NURSIN	G HOME C			120 USUAL OCCUPA (TYPE OF WORK FOR MOS	TION	126 KIND O	F BUSINESS OR
Alled in E	and be t	1307	AL RESIDENCE (IF NURS	13b COUNTY		Baltimo		134. INSIDE CI	TY LIMITS?	13 22111W RES	Rogera	s Ave.	1201
	exemine		ther's Name Charlës	MIDI	DLE	Sterling		Flore		ME	D	arough	ty
oe ex	. Poger		NO OR UNKNOWN)	IN U.S. ARME (IF YES, GIVE W	D FORCES? AR OR DATES)	166 SOCIAL SECU 213-10-1	0759	Wesle		ne Inc. 22	RESS 11 W.	Roger	s Ave.
n certificate	orbanpapers or removal. stic event, the		18 CAUSE OF DEATH PART I. DEATH W	H (Enter only o AS CAUSED B IMMEDIATE C	AUSE (o)	R AS A CONSEQUE	70_	Card	liac	Failure	2	APPROXU BETWEEN C	MATE INTERVAL INSET AND DEATH
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offer this	os the but th and M orked or	MED	21d INJURY OCCURR	ILE		REET, FACTORY, OFFICE F	ARM, ETC }	211 LOCATIO STREET	N	CITY OR	IOWN	COUNTY	STATE
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23¢ NAME OF CEMETERY OR CREMATORY

Moreland Memorial Park

DHMH - 16 50M 1/81

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE

24 FUNERAL DIRECTOR (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL

Burial

Burgee-Henss Funeral Home, Baltimore 21211

10/26/1985

23b. DATE

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Baltimore, Maryland

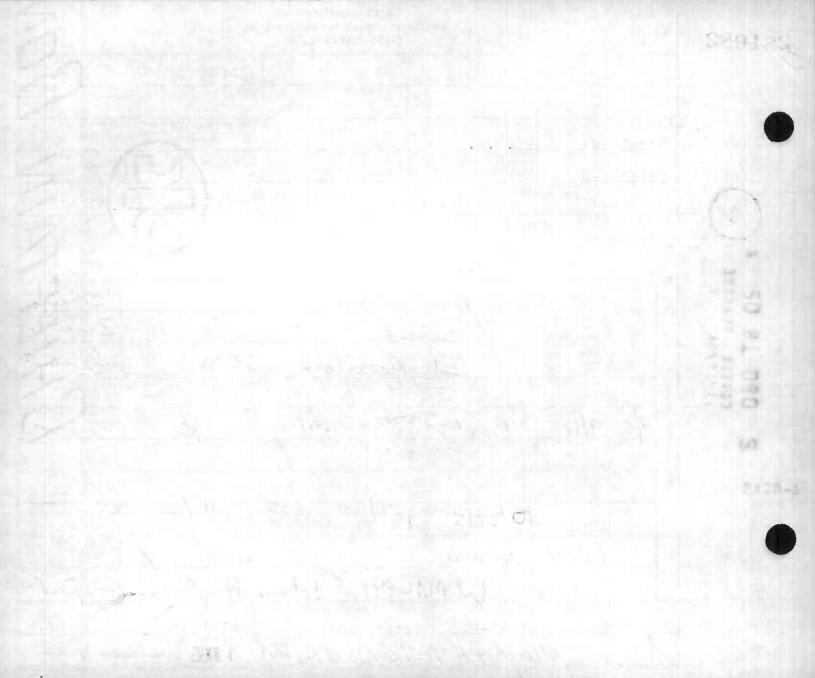
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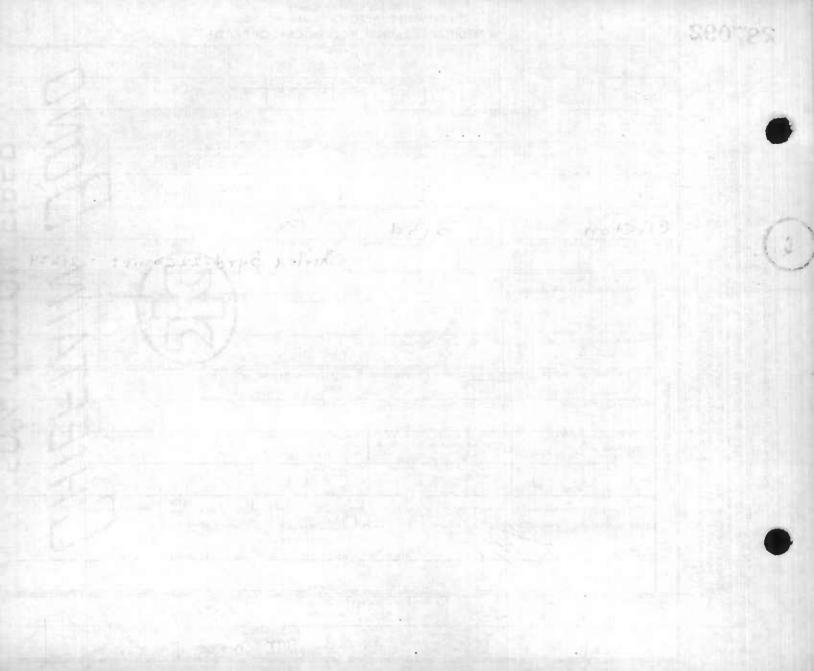
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYG	IENE 3 5	\$	11	3	Ö
	DECEASED NAME FIRST TYPE OR PRINT) BLANCH		DDLE	COVE	AST L,L	OCTOBER 2		DAY YEAR	2b. нои 04:2	. A
3.	SEX F	4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTI		IF UNDER TYEAR	HOURS	24 HRS MIN.
A	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF W		WIDOWE		BALTIMORE CITY OF BALTIMORE	CITY			MD.
3	Baltimore Subal RESIDENCE OF DURSING HOME OF	JOHNS H	OPKINS HO	SPIT	DR OTHER INSTITUTION AL	120 USUAL OCCUPATIO		12b. KIND C INDUSTRY	F BUSINE	SS OR
5	Maryland FATHER'S NAME		Baltim	1	13d INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN NA	831 Lenno	ZIP CODE X St	. 212	217	
Ðτ	Jnknown Mas deceased ever in u.s. A	MIDDLE	LAST	RITY NO	Unknown 17 INFORMANT	MIDDLE	SS	LAS	1	
		VE WAR OR DATES)	unknown						MATE INTERV	
- Topic	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last	(c)	AS A CONSEQUEIN NIRIBUT NG TOO	lugs	MOT RELATED TO THE TER	INAL DISEASE OR COND	DITION GIV	2/2	mon	TT5
	190 CATE OF OPERATION 95 9/12 1210 ACCIDENT WAS UNDERLYING	21b. TIME OF	physical	rctor	N WAS PERFORMED 21c. HOW INJURY OCCURI	200 AUTOPSY? YES NO	IN CERTIF		NGS USED S OF DEAT	H?
The state of	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE WORK	P.M.		19	21f. LOCATION STREET	CITY OR TOV	VN	COUNTY	51	TATE
200	220.1 certify that (I) (this hasp saw the deceased alive a above, (I) (we) (did) (did n 77h, 510 NATURE	44161	19		nd that in (my) (aur) apinian DEGREE ATTENDING	, to O O O O O O O O O O O O O O O O O O				
1	22d PHYSICIAN'S NAME (TYPE	PD'	J MAT	ey	PHYSICIAN [DIRECTOR PHYSIC	ANDK	Aos	pla	0.
1	BURIAL, CREMATION, REMOVA (SPECIFY)	23b. DATE			EMETERY OR CREMATORY	23d LOCATION CITYORTO Baltimor		COUNTY	Md	TATE
24	HUNERAL DIRECTOR	11.13	ADDASS &	12	A 250 DAT	E REC'D. BY REGISTRAR	Jan 1		TURE Anda W	

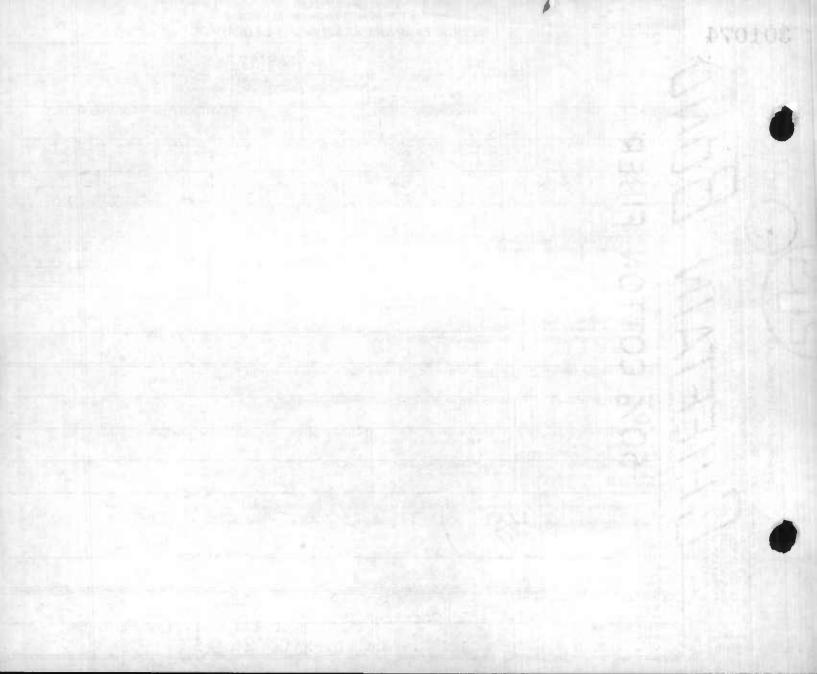
DHMH - 16 60M 7/B4 (VRA 15, 4)



STATE OF MARYLAND - STATE 287092 REGISTRAR REG. NO. I. DECEASED NAME 20 DATE KNOWN X TTYPE OR PRINT) A. Richard DEATH MATED 2/19 85 Crawford 10/ 4. RACE DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE 13 H318 32 YRS PRONOUNCED **Black** 12 52 Male DEAD 2/19 85 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Balto. Maryland DIVORCED Baltimore City PAGE 5 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 20 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Unemployed OR INDUSTRY Baltimore University Hospital Shock Trauma none Maryland 2111 Garrison Blvd 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Shirley Jackson none 17 INFORMANT ADDRESS 168. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. DIVISION LYES, NO. OR UNKNOWNI (IF YES, GIVE WAR OR DATES) Byrd-22 Comet - 21234 24 HOURS ALONG WI 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Gunshot Wound of Abdomen IMMEDIATE CAUSE (a). DUE TO OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E 3 SHOULD EL DEPARTMENT OF YES X NO FORWARDED TO THE COR: PAGE 3 SHOULD BE 21a EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING 10/ 2/1985 CONTRIBUTING CAUSE OF DEATH 2:30 NX subject shot 21e PLACE OF INJURY (AT HOME. 21f. LOCATION EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3: AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC } WHILE AT WORK 1800 Bloomingdale Rd., Balto. City, Md. street 22e I certify that I taak charge of the remains described above, held an Inspection and in my apinion Homicide X Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 10/2/85 SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. 111 Penn St. 230 BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY Baltimore Buria 1 10-7-85 Mt. Calvary Maryland 07/84 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Charles H. Powell OCT 1206-08 W. North ave (VR A15 ME (5)) Fris.



		1	FOR	- 1	DEPARTA	STATE OF A		UVCIENE	A -3	
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	AND WAS A		DREIGH COUNTRY)	U.S.A		WIDOW			ore City	
	S AE S S S S S S S S S S S S S S S S S S	10. C	ITY OR TOWN OF DEATH	II. NAME OF H		SING HOME, OR OTH	ER INSTITUTION	12a. USUAL OCCUPATION	TYPE OF WORK 1	2b KIND OF BUSINESS OR INDUSTRY
	DELAY IS NECESSARY, PIEASE DO TO THE FUNERAL DIRECTOR. THE AN PAGE 5 FOR YOUR FILES FILES WITHIN 72 HOURS FOR SOI W. PRESTON STREET		Baltimore	Loch F	Raven Ve	eterans Ho	spital	FOR MOST OF WORKING LIFE	3)	OK INDUSTRY
5	O SOOD /	USU. 13a. S	TATE NO	HOME OR OTHER INSTITUTION		OR TOWN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS		71773
ä	るる語を語う		Maryland			timore	YES NO		airmour	it Ave.
1 8	Action 5		ATHER'S NAME	MIDDLE	L.	AST	15. MOTHER'S MAID			LAST
1 16	100 SEC	-	Albert			awley	Rena			
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15	SOUND WAS A	3		nter anly ane cause per l			موسطة متعمم	ualem Dinesee		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
N N	A HON		IM			SEQUENCE OF	Largiovasc	ular Disease		
W. PREST			Canditians, if any,		DR AS A COIN.	SEGOENCE OF				22 Da
× .	A PENCIL INCAMINER A PENCIL INCAMINER AL - TRANSI MENTAL H		gave rise to imm cause (a) stating the		OR AS A CONS	SEQUENCE OF				
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RECORDS	JULD BE EXECUTED "PENDING" IN PREDICAL EXALSED AS A BURIAL-E HEALTH AND MEAL, CREMATION,	NO								
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OF VITAL	78999 <	CERTIFICATION								YES NO X
9	THE WATTHE WATTHEN	CE	210 EXTERNAL CAUSE W		OF INJURY	DAY YEAR 21c. HO	OW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN IT	EM 18 PART 1 OR PART	2)
DIVISION	SHOR EPART	MEDICAL	CONTRIBUTING CAU		.M.	19	CATION			
NVIS	CER SEDE	MED	216 INJURY OCCURRED WHILE NOT WHI AT WORK	LE STREET, F	E OF INJURY ACTORY, FARM, ETC		CATION	CITY OR TOWN	COUN	NTY STATE
u	PAG TAT 1212		AT WORK AT WORK							
	LEXAMINER: ECERTIFICATE DULD BE FORM LIDIRECTOR: H, WITH THE S MARYLAND,		22a. I certify that I too	charge of the remains	described abov	e, held an Autap	syInspectu	on X, Inquiry .	and in my apir	non
-	EXAMINER: CERTIFICATI JUD BE FOR DIRECTOR: WITH THE		death resulted fram:	Natural course (*)	Accident	, Suicide	, Homicide .	Undetermined manner	□ .	
	WA WA		ACTUAL SIGNATURE	XON	/		TITLE (SPECIFY) Δegieta	int	DATE	10/20/85
	SEATE STAN		SIGNATURE	~~		M	.D. ASSISCO	int MEDICAL EXAMINER	SIGNED	10/20/03
	MEDI CUTE SE 4 FUNE FUNE TIMO		(TYPE OR PRINT)	Gregory R. H	Kauffmar	n, M.D.	ADDRESS 11	l Penn St.		
	TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE A SHOULD BE FOR TO FUNERAL DIRECTA AFTER DEATH, WITH ITH BALTIMORE, MARYLAI	23a.B	URIAL, CREMATION, REMO			AME OF CEMETERY O	T. M. C. C.	23d LOCATION	COUNT	Y STATE
07/B4	BP	P	URTAT	10-25-	85 Ga	rrison F	orest	THE PROPERTY AND ADDRESS OF THE PARTY OF THE	11e	Marylan
25M	DHMH - 17	24 F	UNERALDIRECTOR	ADDR			25a. DATE		REGISTRAR'S SIC	SNATURE
	(VR A15 ME (5))	N	.C. March	F/H Co. ADDR	1101 H	E. North	Ave. UC	124 1985	July 10 March	- Markathan



294076	1 - STATE REGISTRAR	CERTIFICATE OF DEATH REG. NO.						
4 may be ar page 3 firer death	I. DECEASED NAME (1YPE OF PRINT) Lizzy 3. SEX	4. RACE 5 DATE OF BIRTH	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR 10 14 18 2 40 HOUR 2 4 NS AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 NS AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 NS AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 NS AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 NS AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 NS AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 NS AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 NS AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 NS AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 NS AGE (IN YEARS LAST BIRTHDAY) IN UNDER 24 NS AGE (IN YEARS LAST BIRTHDAY) IN UNDER 24 NS AGE (IN YEARS LAST BIRTHDAY) IN UNDER 24 NS AGE (IN YEARS LAST BIRTHDAY) IN UNDER 24 NS AGE (IN YEARS LAST BIRTHDAY) IN UNDER 24 NS AGE (IN YEARS LAST BIRTHDAY) IN UNDER 24 NS AGE (IN YEARS LAST BIRTHDAY) IN UNDER 24 NS AGE (IN YEARS LAST BIRTHDAY) IN UNDER 24 NS AGE (IN YEARS LAST BIRTHDAY) IN UNDER 24 NS AGE (IN YEARS LAST BIRTHDAY) IN UNDER 24 NS AGE (IN YEARS LAST BIRTHDAY) IN UNDER 24 NS AGE (IN YEARS LAST BIRTHDAY) IN UNDER 24 NS AGE (IN YEARS LAST BIRTHDAY) IN UNDER 24 NS AGE (IN YEARS LAST BIRTHDAY) IN UNDER 24 NS AGE (IN YEARS LAST BIRTHDAY) IN UNDER 24 NS AGE (IN YEARS LAST BIRTHDAY) IN UNDER 24 NS AGE (IN YEARS LAST BIRTHDAY) IN UNDER 24 NS AGE (IN YEARS LAST BIRTHDAY) IN UNDER 24 NS AGE (IN YEARS LAST BIRTHDAY) IN UNDER 24 NS AGE (IN YEARS LAST BIRTHDAY) IN UNDER 24 NS AGE (IN YEARS LAST BIRTHDAY) IN UNDER 24 NS AGE (IN YEARS LAST BIRTHDAY) IN UNDER 24 NS AGE (IN YEARS LAST BIRTHDAY) IN UNDER 24 NS AGE (IN YEARS LAST BIRTHDAY) IN UNDER 24 NS AGE (IN YEARS LAST BIRTHDAY) IN UNDER 24 NS AGE (IN YEARS LAST BIRTHDAY) IN UNDER 24 NS AGE (IN YEARS LAST BIRTHDAY) IN UNDER 24 NS AGE (IN YEARS LAST BIRTHDAY) IN UNDER 24 NS AGE (IN YEARS LAST BIRTHDAY) IN UNDER 24 NS AGE (IN YEARS LAST BIRTHDAY BI					
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AL RECORDS. The low requirence is not been significant. There in the prior to be nows any injury.	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO					
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DITTENDING OF	obove (II) (we) (did) (did no	ot view the body ofter death. ond that in (our) opini	on death occurred on the date and hour and from the causes stated					
rat y t Ral DIR detoche ore Dep vT: If he	22b. SIGNATURE ROLL	DIBLE MY ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN X					
O HOSPITA etonied by TO FUNERA should be de with the Stot	Russell 0	Brown 220 ADDRESS Univ. of						
BP	230. BURIAL, CREMATION, REMOVAL		CITY OR TOWN COUNTY STATE					
	BURTAL 24 FUNERAL DIRECTOR	25a C	BALTIMORE MARYLAND PATE REC'D. BY REGISTRAR 25 BY REGISTRAR S. SIGNATURE					
DHMH - 16 60M 7/84	INT C MADOLT DATE	ADDRESS	CT 1 7 1085 Lividson-Randelle					

DHMH - 16 50M 4/82

MARYLAND 21201

BALTIMORE.

PRESTON ST.

DIVISION OF VITAL RECORDS, 201 W.

(VRA 15, 4)

MPORTANT.

24. FUNERAL DIRECTOR

(SPECIFY)

23a. BURIAL, CREMATION, REMOVAL

Burial

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

Bailey - Douglass F. H. 1348 N. Calhoun St.

23b DATE

11-1-85

Pratima Bose, M.D.

22ª ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

301 St.Paul Place

STATE OF MARYLAND

Arbutus Memorial Park Arbutus 3

CITY OF TOWN

23d LOCATION

Maruland 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Willy Course

22r. DATE SIGNED

COUNTY

Baltimore, Md 21202

DAY

YEAR

DAY5

IF LINDER) YEAR

INDUSTRY

2b. HOUR

12b. KIND OF BUSINESS OR

LAST

BETWEEN ONSET AND DEATH

NO [

IF UNDER 24 HRS

STATE

William C. March F/H Inc West 4300 Wabash Ave

BY REGISTRAR 256, REGISTRAR'S SIGNATURE

STATE OF MARYLAND

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/B4

(VRA 15, 4)

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	k ATENDING PHYSICIAN. The low requires that the IEEE and continue rescords within 24 hours assisted or attending physicion.	RECTOR. After this certificate has been signed by the effection payments and completely littled in the

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIE	NE 8	5		2	7	1	4	6
CERTIFICATE OF DEATH		REG. N	10.					
LAST	20 DATE OF	DEATH	MONTH	DAY	Y	EAR	2b HO	JR

8113	1.	FOR STATE REGISTRAR	DEPARTN	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	2 7	144
		CEASED NAME FIRST	MIDDLE	ł.	AST	20 DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
2 7 9 9	11.00	Ervi	n	C	RUMP	October	16, 1985	$6:10^{P}$
2 2	3 SE	X .	4 RACE 5. DATE C			6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDE	ER : YEAR IF UNDER 24 HRS
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9 9		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 MARRIE	NEVER MARRIED 9 BALTIMORE CITY OR COUNTY		R COUNTY OF DE	ATH
1 1 1 1 1 C		orth Carolina	USA	WIDOWE	D DIVORCED	Baltimor	e City	ım
1 1		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET, Maryland Gene.	ADDRESS)		120 USUAL OCCUPATION		KIND OF BUSINESS OR DUSTRY
Manual De In	USU, 13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 13b, COUN Md. 13-	OTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION)	13d INSIDE CITY LIMITS? YES A NO	13e STREET ADDRESS / 1708 Brent	ZIP CODE twood Ave	enue ²¹²⁰²
TIZ O	14. FA	ATHER'S NAME FIRST	MIDDLE LAST		15. MOTHER'S MAIDEN NA	WE		LAST
Poper /		VAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECU 243-46-2		17 INFORMANT	ADDRE		
equires from the vitation physical phys	NOI	PART I. DEATH WAS CAUSE IMMEDIA! Conditions, if any, which gove rise to immediate cause (a), stoting the underlying cause last.	Anoxic I DBY: FE CAUSE (a) Anoxic I DUE TO, OR AS A CONSEQUE (b) Seizure DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO D	NCE OF		ninal disease or conf		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
he low on. has been to permit ene prio	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO X	E FINDINGS USED CAUSES OF DEATH? NO [
g physici g physici certificate mol-transi ental Hygi tem 18 sh	7	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART I OF	PART 2)
offer this of the burth and Me	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE, FA	ARM ETC)	211 LOCATION STREET	CITY OR TO	wn co	DUNTY STATE
ok AttenDI e haspital or DIRECTOR: A sched for use Dept. of Heal		saw the deceased alive an above, the (we) (did) (did) on 27b. SIGNATURE	tol) attended the deceased from (October 16 19 19 11) view the body after death.		nd that in Ing (aur) apinian DEGREE ATTENDING PHYSICIAN	death accurred on the da	ate and hour and f	
retoined by th TO FUNERAL should be deto with the State		Tamarah M	alval, M.D.		22e. ADDRESS C/O M.	aryland Gene	eral Hosp	oital
BP		SURIAL, CREMATION, REMOVAL REMOVAL	23b. DATE 23c N	IAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUN	NTY STATE
OHMH - 16 60M 7/84 (VRA 15, 4)		UNERAL DIRECTOR NAME STATE ANATOMY B	OARD Baltimore	, Mar	yland 250. DAT	e rec'd. By registrar	PAR DEGISTRAR'S	SIGNATURE

311056 1 - FOR DEPARTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH

AL HYGIENE	8	5	2	7	1	4	5
H		REG NO					

1	/	JAC OIG MAN				REG. N	J.				
		EASED NAME FIRST	MIDDLE	L	AST	20 DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR		
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	3 SEX		4. RACE	5. DATE C		6 AGE (IN YEARS LAST BIR	THDAY)	NDER I YEAR	HOURS MIN.		
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-	14 n \A	AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIALS		17 INFORMANT	ADDR	ESS				
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6		NO	079-26	-9921	Watter C. Ma	lloy 16	52 W.	North	1 AUR		
- 1		18 CAUSE OF DEATH (Enter or	ily ane cause per line fai (a), (b),	andic				APPROXIM	NATE INTERVAL		
- 1		PART I. DEATH WAS CAUSE	D BY:	0	1	4 -		BETWEEN O	Naci AND DEATH		
		IMMEDIA'	TE CAUSE (a)	16 miles	umary preser	31					
			DUE TO, OR AS A CONSE	QUENCE OF	,		N. IV	1			
		Canditions, if any, which		STRIL	CARCINOMA		1	(new		
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		underlying cause last.	((c)	REAST	CARCINI	Α		0	955		
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
	z	Dahyda									
_	CERTIFICATION										
2	CA	190 DATE OF OPERATION	196 CONDITION FOR WHI	ICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA					
/	E	29/20/85	CT ASTRIC	CAR	cinoma	YES NOW YES NO					
	ER	21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJURY OCCURR	ED LENTER NATURE OF INIL	RY IN ITEM 18 PART	OR PART 2)			
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20	100		ital) itended the deceased fra	m10	131/85 1985	, to	31 19_	77 1	hat (I) (we) last		
		saw the deceased alive an	ot) view the body after death.	, at	nd that in (my) (aur) apinion d	leath accurred on the d	ate and have an	d fram the c	auses stated		
		22b. SIGNATURE	of view the body after death.		DEGREE			22c. DATE S	SIGNED		
		III. OIO. III. OI	1 -		ATTENDING	MEDICAL STA	FF .	1 .	11-		
		UW(rlin		PHYSICIAN [DIRECTOR PHYSIC		1013	3/8/		
	10	22d. PHYSICIAN'S NAME ITYLE	OR PRINT)		22e ADDRESS						
/	100	1 Austral	-1		UMIH Z	25. GREE	NE ST	8:31	16 MD		
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		URIAL, CREMATION, REMOVAL	236. DATE 2	31 NAME OF C	EMETERY OR CREMATORY	23d LOCATION		DUNTY	STATE		
	(Burial	11/5/85	Arbutus	Memorial Par	k Arbutus	CC	JUNIT	Md		
	24 FI	INERAL DIRECTOR	111/0/00	/ Ducus		REC'D. BY REGISTRAR	25h REGISTRAD	SSIGNATI			
4		NAME	ADDRES	SS		O T O T					
	Wi	Iliam C. March	F/H West 4300	Wabash	Avenue NO	V 05 1985	1	· (COO)	indale		

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

DATE OF

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
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	3 SE		4 RACE	5. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS
		MALE	BLACK	12 20 02	83 YRS.	ONTHS DATS HOURS MIN.
1 -		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
15)		ARYLAND	U.S.A.	WIDOWED NORCED	BALTIMORE CIT	MD.
\$10		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS OR
97	В	altimore	North Charle	s General		Sanitation
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9		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU	RITY NO. 17 INFORMANT	ADDRESS	
-11	no) IF TES. GI	218- 03	-1680 Anita C	ampbell 4404	Wrenwood Ave
-			nly ane cause per line far (a), (b), an			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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notic			DUE TO, OR AS A CONSEQUE	ENCE OF		
1000	12	Canditians, if any, which	(b) YEAS	IT SEPSIS WI	th Asporation Pr	nethous.
1		cause (a), stating the underlying cause last	DUE TO OR AN A CONSTOLL	MEETOF A LANCE OF THE CO.	ART WHELL	11
6	14	DADE OTHER COMPTCANT		VASCULAR DISE		
And	NO O	INFECTED		ICER., PNUEMO		
1	CATIC	19a DATE OF OPERATION		OPERATION WAS PERFORMED	20a AUTOPSY2 20b IF YES	, WERE FINDINGS USED
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:6	AL	OR CONTRIBUTING CAUSE OF DE		19		
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head	2	WHILE NOT WHILE AT WORK	(AT HOME, STREET FACTORY, OFFICE F	ARM ETC)	-	31212
ow t	100	22a I certify that (I) (this hasp	ital) attended the deceased fram	9-16- 1985		1985 . that (1) (we) last
5			10 -25- 19 8	and that in (my) (aur) apinian	death accurred an the date and have	and fram the causes stated
1		27b. SIGNATURE	0101. D.	DEGREE		220 DATE SIGNED
12		/	SUIND	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	10-25-85
1		224 PHYSICIAN'S NAME (TYPE		22e ADDRESS	. 5 =1 (5	11.0-
£ 8 1		SUDHIR. I), PATEL	NORTH CI	HARLES GEN	· HOSPITAL
5	23n F	URIAL CREMATION REMOVAL	123h DATE 123c h	NAME OF CEMETERY OR CREMATORY	1234 LOCATION	

DHMH - 16 60M 7/84 (VRA 15, 4)

(SPECIFY) 10-31-85

W.C. MARCH F/H CO.

Mount Zion

BURTAT 24 FUNERAL DIRECTOR

1101 E. North Ave.

Lansdowne Maryland

250. Date RECT. By REGISTRAR 556 REGISTRAR'S SIGNATURE

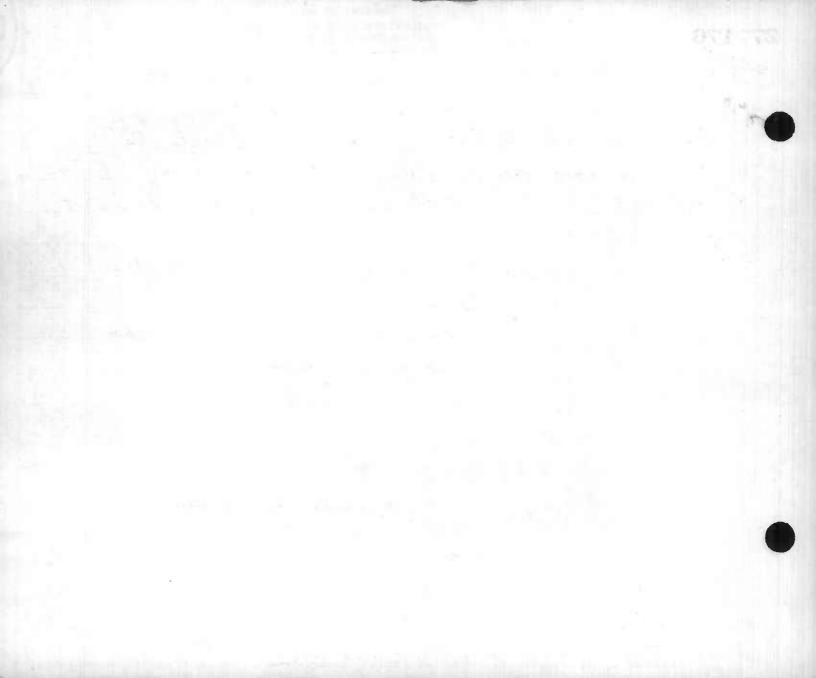
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DHMH - 16 50M 4/83.

(VRA 15, 4)

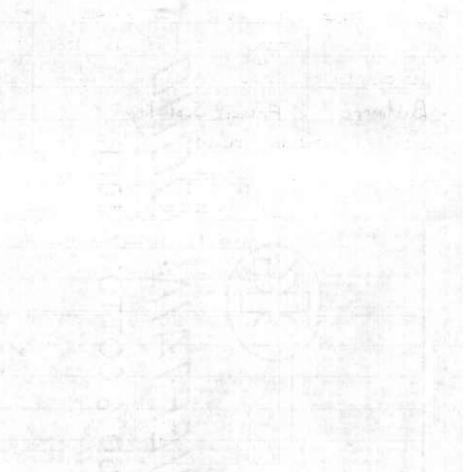
24 FUNERAL DIRECTOR

PESITIRAR 25 STOURANDON



303099	1	STATE REGISTRAR	DEPAR	CERTIFICATE OF DEATH	REG. NO.	2 / / 4 8
000000		DECEASED NAME, FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
y be age 3 death	V	James	D.	Cuthbertson	10/26/	85 545 m
ê Xê	3.	SEX	1. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
2000	M	ale	White	5 13 1909	76 YRS.	
Pol Political 18	70	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	? 8. MARRIED □ NEVER MARRIED □	9 BALTIMORE CITY OR COUNT	Y OF DEATH
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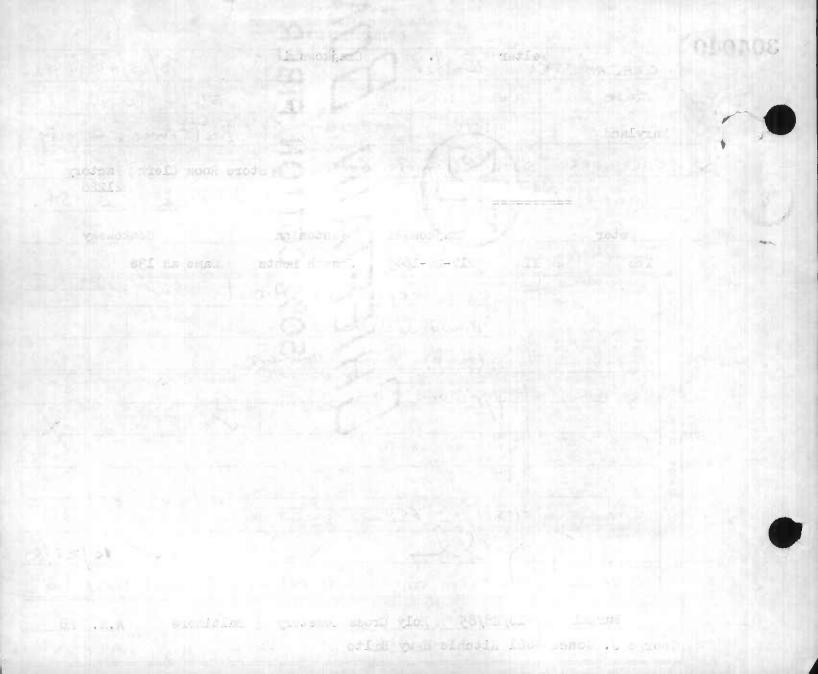
STATE OF MARYLAND





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1	O HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed in the most offer desth. Tage 4 retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete the by the funeral director should be detacked for use as the burial-transit permit. Then please remove corbonopopers. Page 1 Jend 2 should be filed writing 72 hours at
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			STATE OF MARYLAND	7 7 4 0
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OR ATTENION TO PROPERTION OR ATTENION OF ATTENION OF ATTENION OF ATTENION OF HEM 21 is		226. SIGNATURE	DEGREE	224. DATE SIGNED
		1/2	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	10/25/85
- 9 10 0 0 0	30	224. PHYSICIAN'S NAME ITYES		1 100
TO HOSPITAL TO FUNERAL should be det with the Stote IMPORTANT:		W. VAZQUEZ	- OLIVENCIA, MO South Baltimore General	Hospital
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BP		Burial	10/28/85 Holy Cross Cemetery Baltimore	A.A. Md
DHMH - 16 60M 7/84		INERAL DIRECTOR	250, DAJE REGIO, BY REGISTRARI250, REGISTRA	R'S SIGNATURE
(VRA 15, 4)	Ge	orge J. Gonce	4001 Ritchie Hgwy Balto Md UC 29 1985 Julie W	indigen-hangelike



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g physicing physicing certificate indi-fronsitional hyginate in 18 sh		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH	DAY YEAR	21¢ HOW INJURY OCCURI	RED (ENTER NATURE OF INJURY IN IT	EM 18 PART I OR PART 2)
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ECTOR. After the officer of the offi		22a 1 certify that (1) (this haspite sow the deceased alive on _	00 8	988, on	d that in (my) (our) opinion	deoth occurred on the dote or	, 198 , that (II (we) lost and hour and from the causes stated
ERAL DIRECT CONTROLL OF CONTROLS OF CONTRO		220 SIGNAL HET	A De Lui	CAMO	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	224. DATE SIGNED
TO FUNERAL should be detined by the with the State		Russell R-	Delacam	,0-	22. Sout	L Greenes	h, Bath Md.
3P	23a E	URIAL, CREMATION, REMOVAL SPECIFY Burial	23b. DATE 10/11/85	Ivy Hi	METERY OR CREMATORY	23d. LOCATION CITY OR TOWN Laure1	COUNTY STATE

DHMH - 16 60M 7/84 (VRA 15, 4) 24 FUNERAL DIRECTOR

NAME Leonard J Ruck Inc. Baltimore, Maryland

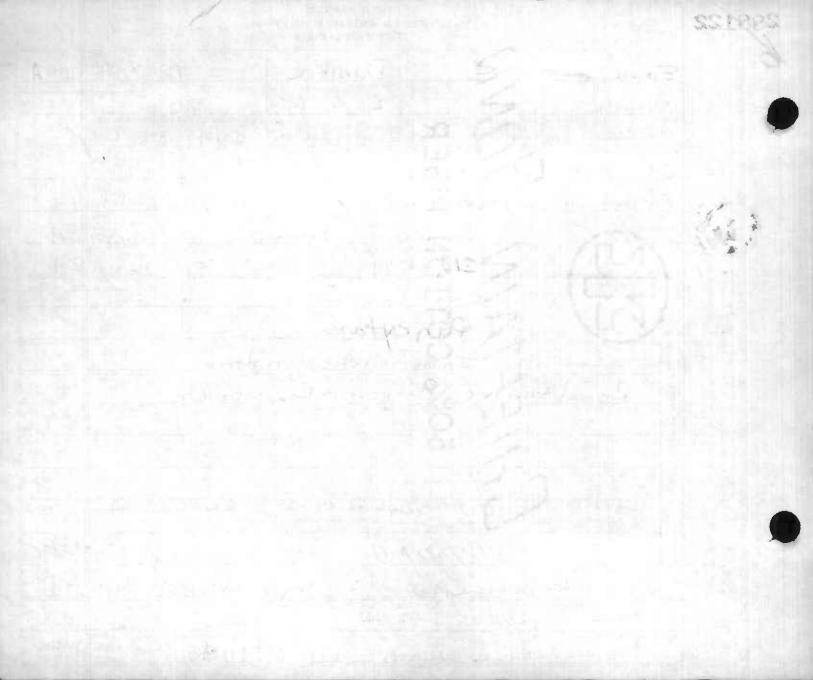
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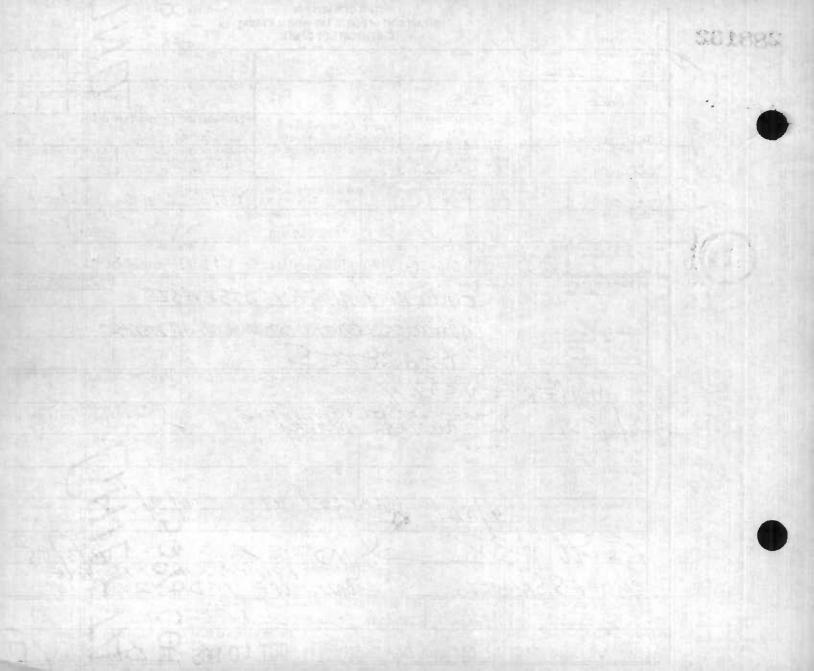
STATE OF MARYLAND

	1 -	STATE REGISTRAR				CERTIF	ICATE OF DE	ATH	REG. NO).				
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ı	3 SEX	(4 H. H.	4 RACE	14.15	5. DATE C			6 AGE (IN YEARS LAST BIRTH	DAY)	IF UNDFI	I YEAR	IF UNDER	24 HRS
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١		underlying cause	last	(c)	DIA	1595	140-	>						
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2	FIC/	5/1/83	ION	ACTIO	REDSCLE	N FOR WHICH OPERATION WAS PERFORMED OFTH				200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH				
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	- 1	224 PHYSICIAN S NA	ME (ITHE O	THE POST OF	9	-	1224. ADDRESS	YSICIAN L	DIRECTOR PHYSICI	AN L	70/1	120	15.	5
١		PARTH A	.00	MILLE	10		Barre	1000	111476	100	70	BY	4	
+	23a. B	URIAL, CREMATION, I	REMOVAL	123b. DATE	23c N	AME OF C	EMETERY OR CR	EMATORY	1236 LOCATION	12	10		-	
	(5	PECIFY) Bur		10-8-8					CITY OF TOWN	lills	COUNTY	N	ID STA	TE
	24 FU	NERAL DIRECTOR		1,00	, p	5 5 5 7 6			REC'D. BY REGISTRAR 2					
ı	Bai	Ley-Dougla	uss 1:	348 N. C	Calhoun Si	t. Ba	et. 2121	7 OCT	10 1085 4	ia Da	idan	Bond	2.00	
1	-											2000	_	

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO HOSPITA

> BP DHMH - 16 50M 7/77 (VR A 15 (4))

should be described with the Store Described MPORTANT II



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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 20. DATE OF DEATH 25 HOUR (TYPE OR PRINT) CHARLES F. DANIELS Jr. 10 :20 AM 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 3 SEX 5. DATE OF BIRTH IF UNDER 24 HRS Aug. 3, 1924 White Male BIRTHPLACE ISTATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED COUNTRY) BALTIMORE CITY MD USA 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR (1F NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY TYPE OF WORK FOR MOST OF WORKING LIFE! BALTIMORE Salesman Automobile UNION MEMORIAL HOSPITAL USUAL RESIDENCE LIF NURSING HOME OR OTHER THE UTION GIVE RESIDENCE BEFORE ADMISSION 13a STATE 13b COUNTY 13c. CITY OR TOWN 113d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 608 E. 29th St., 21218° Balto. MD NO 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST Edna Craben Daniel. 166 SOCIAL SECURITY NO 17 INFORMANT In WAS DECEASED EVER IN U.S. ARMED FORCES Mrs. Elizabeth R. Daniel, 218 14 1675 Same No APPROXIMATE INTERVAL BETWEEN ONSET AND DEA 18 CAUSE OF DEATH Enter only one couse per fine for (o), (b), and (c). PART I. DEATH WAS CAUSED BY Cardiso arrest Decords IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse lost CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 Cartefica, alcoholic cinobais CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 206 IF YES, WERE FINDINGS USED 19n DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOV YES [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIFEITHER NOTIFY MEDICAL EXAMINER) 71d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE AT HOME STREET FACTORY OFFICE FARM, ETC) WHILE NOT WHILE 10/6 270.1 certify that (1) this hospital attended the deceased from and that in (my opinion death occurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE ATTENDING MEDICAL DIRECTOR PHYSICIAN 22e ADDRESS UNION MEMORIAL HOSPITAL GREGORY BARROW 230 BURIAL, CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OF CREMATORY CITY OR TOWN STATE Green Mount 10/7/85 Cremation

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

00

Henry W. Jenkins & Sons Co.

4905 York Road Balto. MD

Balto.

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE OF

600888

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LINE THE THE PERSON NOW!

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Lighters York Franchisch, All Story Seal

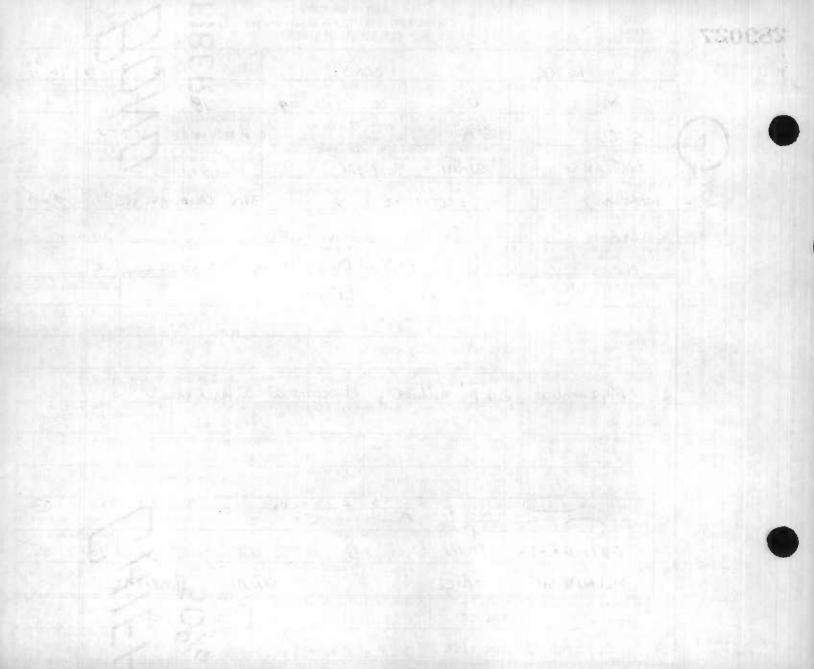
				STATE OF MARYLAND	40	
7030	1.7	FOR STATE REGISTRAR	Manual Street	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	27/53
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2 2 2	11104	Mar	4	Danish	10 .	28 85 9:30 PM
6 0 to	3. SE	1.764	RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
ofe	T	emolo	White.	MONTH DAY YEAR	68	MONTHS DAYS HOURS MIN.
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195	5	15 Ba	etmon Baltin	nore YES NO E	32 Chestnut	till La 21136
10 /2/	19 "	THER'S NAME HIST	MIDDLE LAST	15 MOTHER'S MAIDEN NA	MIDDLE	LAST
1/220	V	ANDY	tlos	AK Joann	a	BELLON
THE THE		VAS DECEASED EVER IN U.S. A	NE WAR OR DATES		ADDRESS32	CHESTNUT HILL
		No I	236-12	-3975 LEE NOR	RIS, REISTE	RSTOWN MD 21131
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1 8 8 /	Ž.	1% DATE OF OPERATION		OPERATION WAS PERFORMED	20a AUTOPSY? 20b IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
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FOR	DEPARTMENT

STATE OF MARYLAND

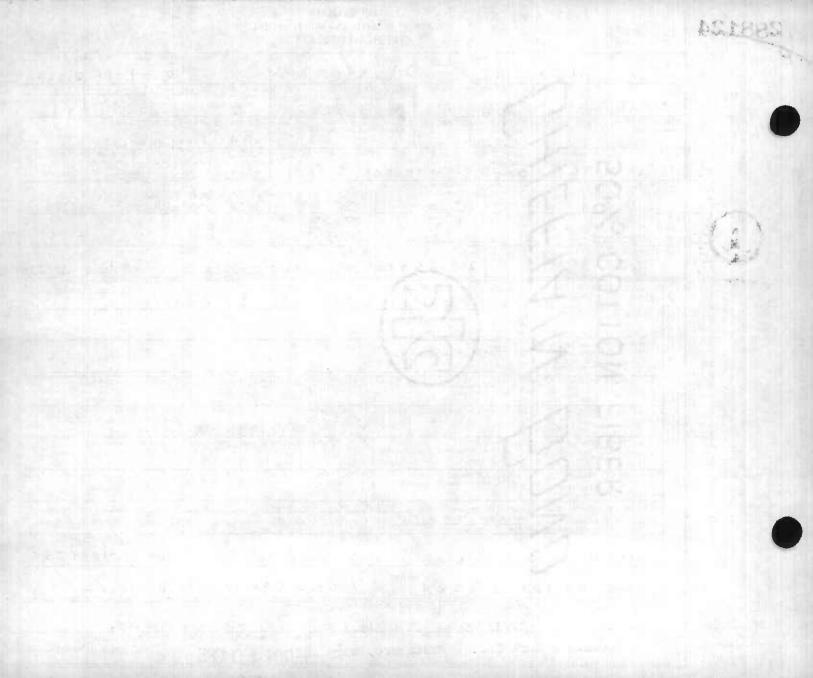
OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

3	5	

3	1 DEC	CEASED NAME : FIRST		AIDDLE	AST	20. DATE OF DEATH	MONTH DAY	YEAR	2h HOUR
1		OR PRINT)			KALAKIS	M. DATE OF BEATH		010	
1	2 (5)	ALE				6 AGE (IN YEARS LAST BIR	10 -9	-85"	IF UNDER 24 HRS
н	3. SE)		4 RACE	S. DATE C		AGE (INTERNSTAST BIR	MON		HOURS MIN.
		MALE	Whit		1, 1898	87	YRS		
		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY OF	DEATH	
		Greece	U.S.			BALTI	MORE	CITY	MD.
-		ITY OR TOWN OF DEATH		HOSPITAL, NURSING HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPAT		126. KIND OF	BUSINESS OR
5	13	SALTIMORE		SAMARITA	IN HOSPITAL	Retired St			
3		AL RESIDENCE (IF NURSING HOME OF		GIVE RESIDENCE BEFORE ADMISSION)	113d INSIDE CITY LIMITS?	1130 STREET ADDRESS	/ ZIP CODE		Man Treat
2	M	Maryland —		Baltimore	YES X NO	3814 Echoo		э ,	21206
	14 FA	ATHER'S NAME	WIDDIE	LAST	15 MOTHER'S MAIDEN NA.			LAST	
3	2	Michael		askalakis	3	3			?
1		WAS DECEASED EVER IN U.S. AR		16b. SOCIAL SECURITY NO.	17 INFORMANT	ADDR	ESS		
	()	YES, NO OR UNKNOWN) (IF YES GR	E WAR OR DATES)	218-03-5215	Mrs Caliops	i Daskalakis	5	Same	As 13e
		18. CAUSE OF DEATH (Enter or	ly one couse per	line for (a), (b), and (c)				APPROXIM BETWEEN O	MATE INTERVAL INSET AND DEATH
	7	PART I. DEATH WAS CAUSE	Ď BY: IE CAUSE (o)	APUTE M	YOCARDIAL	INFA	RCTION		
		IMMEDIA							
		Carallaia a 16 and 11 l	DUE TO, OI	R AS A CONSEQUENCE OF					
		Conditions, if any, which gave rise to immediate	(p)		THE WATER				
		couse (a), stating the underlying couse lost.	DUE TO, OI	R AS A CONSEQUENCE OF					
			(c)						
4	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	ninal disease or con	DITION GIVEN	IN PART 110	
-	CERTIFICATION	190 DATE OF OPERATION	19h CONDI	TION FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, W	VERE FINDING	GSUSED
7	FIC	THE DATE OF CITEMINON		NOT TOX WINCIPOLENATIO	TO THE STATE OF TH		IN CERTIFYIN		OF DEATH?
-	RT	21a. ACCIDENT WAS UNDERLYING	7 21b. TIME O	E INTILIDY	121. HOW INTURY OCCUR	YES NO	YES [NO 🗌
7		OR CONTRIBUTING CAUSE OF DE		M. MONTH DAY YEAR	21c. HOW INJURY OCCUR	KED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	1 ORPART 2)	
	CA	(IF EITHER NOTIFY MEDICAL EXAMINE						200	
d	MEDICAL	216 INJURY OCCURRED	21e PLACE (OF INJURY EET FACTORY OFFICE FARM ETC.)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
		AT WORK NOT WHILE						9.11	
	100	220.1 certify that (1) (this hosp	tal) attended the		10.8- 19 85				hot (I) (we) lost
		saw the deceased alive on above, (I) (we) (did) (did no	it view the body	ofter death.	nd that in (my) (our) apinion	death occurred an the d	ate and hour or	nd from the co	ouses stated
H	103	22b. SIGNATURE			DEGREE			22c. DATE S	IGNED
		Lokerusro		eloro 1	M.D ATTENDING	MEDICAL STA		10.	-9.85-
		224 PHYSICIAN'S NAME (TYPE	R PRINT)		220. ADDRESS				
		LOKESWARA	RAOE	DARA	10600D S	AMARITAN	1204 (ITAL	
		BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION		OUNTY	STATE
	1	Burial	10/11	/85 St. Der	metrios	Cub Hil	Balt		Md
	24 FL	UNERAL DIRECTOR			25a. DAT	E REC'D. BY REGISTRAR			JRE
	110	NAME Leonard J	Ruck In	c. ABaltimore	, Marylandon	T 4 0 1005	- who was	ndson-R	andell.

*Baltimore, Maryland OCT

DHMH - 16 60M 7/84 (VRA 15, 4)



FOR 1 - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

-	-

in murason - pindelle

		REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO).		
		EASED NAME FIRST	MIDDLE	·	AST .		MONTH DAY	YEAR	2h HOUR
1	(TYPE	PRANK PRINT	C.	DAV	1050N		10-15	- 85	425 pm
1	3. SE>	Mila	4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRT	HDAY) IF UN		HOURS MIN.
	1	MALE	Caucation		30 22	63	YRS		MAN.
C	7a BII	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	RY? 8	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH	
1	P	ennsylvania	U.S.A.	WIDOWE		Baltimore	City	1-9.7	MD.
1	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUI	RSING HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION		L KIND OF	BUSINESSOR
2	B	ALTIMORE /	South Dall	IMORE	GENERAL HOSPITA	V		Beth.	Steel
1	05UA 13a S	AL RESIDENCE HE NURSING HOME OF		EFORE ADMISSION	13d INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP CODE		
2		ARVLAND Balt	timore BALTIN		YES NO	725 ALDU	ORTH R	0	21222
2	14 FA	THER'S NAME FIRST	MIDDLE LAST		15 MOTHER'S MAIDEN NA	ME		d. LAST	
1	K	CHARD	DAVIDE	SON	ANNA			MARTE	TL
)			MED FORCES? 166 SOCIALS		17 INFORMANT	ADDRE	SS		
	Ye	s WW	11 2/5-12	4260	Thelma H. Da	avidson	Same	as 13	e
1		18 CAUSE OF DEATH (Enter or	nly one couse per line for 101, (b.	, ond (c).)	Λ			APPROXIM BETWEEN OF	NATE INTERVAL NSET AND DEATH
-1		PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (0) KESPI	RATOR	y ARREST				
П		THE STREET, MAN	DUE TO, OR AS A CONSE	QUENCE OF		, 1			
		Conditions, if ony, which	(16) DEDAL	ISTIC 7	ENVOLVEMENT	LEPT LO	1016		
		gove rise to immediate couse (0), stating the	DUE TO, OR-AS A CONSE	QUENCE OF	Λ -				
1	1	underlying couse lost.	10 DRonch		peumonia		77		
		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONE	OITION GIVEN I	V PART 110	
	O.	LARVINGEAL	Carcinoma	,					
7	CERTIFICATION	90 DATE OF OPERATION	196 CONDITION FOR WH	IICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE		
7	THE					YES NO	YES [NO [
7	8	210. ACCIDENT WAS UNDERLYING	11b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1	OR PART 2}	
£.	MEDICAL	OR CONTRIBUTING CAUSE OF DEA	N. III	19					
	ED	21d INJURY OCCURRED	21e PLACE OF INJURY	ICE SARA EIC)	211 LOCATION STREET	CITY OF TO	γN	COUNTY	STATE
	2	ORK NOT WHILE	The month of the control of the cont	ice rain ere j	THE RESERVE OF THE PARTY OF THE				
		220 I certify that (I) (this hospi	tol) ottended the deceased fro	-9-2	1 19 85		19	3	not (h (we) lost
		sow the deceased alive on above, (I) (w. (did) (did no	ot) view the body ofter deoth.	982,01	nd that in (my) (our) opinion	deoth occurred an the do	te and hour one	f from the co	ouses stated
		22b. SIGNATURE	1111		DEGREE			22c DATE S	IGNED
1		Ham	el Werberg		PHYSICIAN	MEDICAL STAF		101	15/85
		22d PHY S NAME TYPE C			22e ADDRESS	/			
		TANIEL	WENBER	0)	3001 5	HANOVER	21		
	23a. B	URIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION		4171	
		specify) irial	10/17/1985	Garriso	on Forest	Owings Mi		Ма	rvland
-	24. FU	NERAL DIRECTOR Duda-1				FREC'D. BY REGISTRAR			

21222

Dundalk, Maryland

DHMH - 16 60M 7/84 (VRA 15, 4)

7922 WiseAvenue

Folkland C BRITINGE STATE SALTINGE STATE SEATH ANALYSIS SINCE BRUNKE REMED LAND STORY FRANK W5/24280

DHMH - 16 60M 7/B4 (VRA 15, 4)

FYLAND 21201

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

85-27760

	DECEASED NA	ME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
7	(TYPE OR PRINT)	CLARA	ELIZABETH	DAVIS	OCTOBER 3.	1985 06:12AM
3	SEX		4. RACE	5 DATE OF BIRTH	6. AGE IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
	Femal	e	Cauc.	6/9/21 YEAR	64 YRS	MONTHS DATS HOURS MIN.
770	BIRTHPLACE		76. CITIZEN OF WHAT COUNTR	Y? 8	9 BALTIMORE CITY OR COUN	
17	Pa.	1	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	DAYMTHODD O	ITY MD.
)(O. CITY OR TOW	N OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
7	BALTIMO	DRE	(IF NOT IN SUCH FACILITY, GIVE STR	OPKINS HOSPITAL	VolunteerWo	
10	JSUAL RESIDENCE	CE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE BEF	ORE ADMISSION)		
9	Md.	Har	ford Forest			a Ct.,ForestH
h	FATHER'S NAM		0_0_0	15. MOTHER'S MAIDEN N		d. 21050
	Horac	o Fugon	e Gosnell	Cladre	WIDOIL	LASI
10		SED EVER IN U.S. AR		CURITY NO. 17 INFORMANT	Cecilia Brach	er
1	NO OF UNK	NOWN) (IF YES GR	VE WAR OR DATES)	2-0532 John J.	David 1620 DE	hages Ob
1		OF DEATH (Fater and			Davis,1630 RE	210 EPPOXIMATE INTERVAL
	PART I.	DEATH WAS CAUSE	nly one cause per like volta (b).	MOIAL FAIL	inest milli, Mu	. Z LUEMUN ONSET AND DEATH
	9410	IMMEDIA	TE CAUSE (o)	*%.		
1	Condition	:4 · · · · · · · ·	DUE TO, OR AS A CONSEC	BURNED. M INFA	rens	400
	gove rise	to immediate	(b)	,		
		i), stating the couse last	DUE TO, OR AS A CONSEC	Service Jugar	1 1) ISCARC	10 up
	DART 2 OT	HER CICNIEIC ANIT	CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE TEL	Brain District of Condition of	OU (CALINA DA DE 1)
		TIER SIGNAL ICANA	CONDITIONS CONTRIBUTION	O DEATH BOTH OF RELATED TO THE TEL	KMINAL DISEASE OR CONDITION C	SIVEN IN PART III
5	A STIE A STIE ON THE PROPERTY OF THE PROPERTY	FORERATION	196 SONDITION FOR WHI	CH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF Y	YES, WERE FINDINGS USED
4	E 10	11/35	Myoura	a manani		TIFYING CAUSES OF DEATH?
6	21g. ACCIDE	NT WAS UNDERLYING		21c HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN ITEM	8 PART I OR PART ?)
// 1	A on correspond	TING CAUSE OF DE		DAY YEAR		
	9	OCCURRED	21e PLACE OF INJURY	211 LOCATION		courty and
	WHILE D	NOT WHILE	(AT HOME STREET, FACTORY, OFFICE	E, FARM, ETC) STREET	GITY OR TOWN	COUNTY STATE
			ital) attended the degeased from	10/1/35 19	10 1013	, 19 , that (we) lost
	1 1	e deceased alike on	10 (3 19		on death occurred on the date and h	
	276. SIONA		m view the body after death.	DEGREE	2	27L DATE SIGNED
)	1000	te	ATTENDING	MEDICAL STAFF	5 10/3/8-
H	THE PHYSIA	INN'S NAME (TYPE C	OR PRINT)	22e ADORESS	DIDIRECTOR PHISE MALL	1
		KEFFRE	in H. JETER	satiof ?	1 dopkins	A018100
2	3a BURIAL CRE	MATION, REMOVAL		NAME OF CEMETERY OR CREMATOR	J 1	M-33
	Buria		10/7/85		CITY OR TOWN	COUNTY STATE
2	4 FUSICE IN TO IN	Wirek Fu	neral Home	Belair Memorial	Belair I	
	NAME	D 7	Road, Balto.	inc.	0 1900	
	9705	RAIRIY	NUSU POLES			

0 0 1 7 2 3 A A A A A 4 . . FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

85-27761

		FIRST	A		LAST	7								
	ECEASED NAME	termon		3	INI			20 DATE OF DE	ATH MO			YEAR	2h HOE	12
3 SE			RACE	-	5. DATE OF	DIDTH		6 AGE (IN YEAR	C LACT BIRTHIN	AM 1	IF UNDER	1 95 40	IF UNDER	· C
5 00	MANE				MONTH	DIKTT	YEAR!	71	S CAST BIRTHD	/A1/			HOURS	A
			BL		9	18	14	7		YRS				
7a Bl	COUNTRY) STATE	OR FOREIGN 71	_	WHAT COUNTRY	? 8	NEVER A	AADDIED T	9 BALTIMORE	CITY OR	сорит	Y OF DE	ATH		
1	LUNSWICK	CONTA	USA		WIDOWED		VORCED	BAL	T. C	174				
	ITY OR TOWN OF	The second second	1. NAME OF H	HOSPITAL, NURS	ING HOME OR			120 USUAL OC				(IND OF	BUSIN	ESS
3	SALT. CI	u	(IF NOT IN SUC	H FACILITY, GIVE STREE	et address)	70.		TYPE OF WORK FO	R MOST OF W	ORKING LI	FEI INDL		111	
USU	IAL RESIDENCE (IF	NURSING HOME OR O		GIVE RESIDENCE BEFO		J		- AL	FFEV		1	2151	16/1	<u>e</u>
13a. S	STATE	136 COUNT		13c. CITY OR TO		3d. INSIDE CI	ITY LIMITS?	13e.STREET ADD	DRESS / Z	IP CODE	E			
_	MO			BALT		YES S	NO []		JAL BI	454	AVE	21	215	
14 FA	ATHER'S NAME	MI	DDLE	LAST	15		5 MAIDEN NA		IDDLE			LAST		
	ASHTO	4	_	DXV	15.	ily	ARY				f	EZLI	4 an	-
	WAS DECEASED EV	ER IN U.S. ARM		166 SOCIAL SEC	URITY NO. 1	1 INFORMA			ADDRESS	5			1 -1	
1	(AER HO OF MIKHOMH)	(IF YES GIVE	WAR OR DATES)	228-01-	8502	We	4							
-	Lucaucrorn										-	APPROXIM	ATÉ INTEI	DVA
	PART I. DEATH	WAS CAUSED	RV.		3	1446.4	A a all	1			BE	APPROXIM		DE
	196 119	IMMEDIATE	CAUSE (0)	-AKD101	TUCANON	SAMO	ANN	671				. "	IN	
	Gonditions, if a gove rise to couse to), ste	immediate ating the	DUE TO, OR		LENCE OF	Zy FA	ILUNE	-ASPIRA	Last			48	TOU	LS
TION	gove rise to couse (a), strunderlying co	immediate of the use lost. IGNIFICANT CO	DINDITIONS CO	NAS A CONSECU ENTRIBUTING TO ROVAL	DEATH BUT NO	OT RELATED	TO THE TERM	INAL DISEASE O	R CONDIT	ION GIV	5	ART IIo		
TIFICATION	gove rise to couse (o), stunderlying co	immediate of the use lost. IGNIFICANT CO	DINDITIONS CO	R AS A CONSECU	DEATH BUT NO	OT RELATED	TO THE TERM	INAL DISEASE O	R CONDIT	ION GIV		ART IIO	GS USEI	D TH?
CERTIFICATION	gove rise to couse 101, strunderlying co PART 2 OTHERS LIVE 190 DATE OF OPE 210 ACCIDENT WAS	immediate of the	DINDITIONS CO CURE, 196 CONDI	RAS A CONSEQUENT REPORT OF THE PROPERTY OF THE	DEATH BUT NO	OT RELATED RE, WAS PERFOR	TO THE TERM HEART	INAL DISEASE O	R CONDIT (€) Y? 2	ION GIV 11 EV 10b. IF YES N CERTIF YE	S, WERE I	ART IIO	GS USE	D TH:
CERTIFIC	gove rise to couse 101, so the couse 101, so the couse 101 of the couse 10	immediate pling the use lost. IGNIFICANT CO RATION UNDERLYING CAUSE OF DEATH	DINDITIONS CO CURE, 196 CONDI 216. TIME OF HOUR A.A	RAS A CONSECUTION FOR WHICH	DEATH BUT NO PARENTE OF THE PARENT OF THE PA	OT RELATED RE, WAS PERFOR	TO THE TERM HEART	INAL DISEASE OF PAILU 200 AUTOPS NES N	R CONDIT (€) Y? 2	ION GIV 11 EV 10b. IF YES N CERTIF YE	S, WERE I	ART IIO	GS USE	D TH?
CERTIFIC	gove rise to couse 101, strunderlying co PART 2 OTHERS LIVE 190 DATE OF OPE 210 ACCIDENT WAS	immediate of the other transfer of the other	DINDITIONS CO LIPE CONDI- 196 CONDI- 216 TIME OI HOUR A.A. P.A. 216 PLACE C	R AS A CONSEQUENT REPORT OF THE PROPERTY OF TH	DEATH BUT NO FALLU H OPERATION V	OT RELATED AE, WAS PERFORE THE HOW IN.	TO THE TERM HEALT RMED JURY OCCURR	INAL DISEASE O PALLU 200 AUTOPS YES N ED (ENTER NATURE	R CONDIT	OD GIV	S, WERE I	ART 110 FINDING AUSES C	GS USEC DF DEAT NO	D TH?
FF	gove rise to couse 101, which is to couse 101, which is to couse 102 t	immediate of the other transfer of the other	DINDITIONS CO LIPE CONDI- 196 CONDI- 216 TIME OI HOUR A.A. P.A. 216 PLACE C	R AS A CONSECUTIVE TO PROPERTY OF THE PROPERTY	DEATH BUT NO FALLU H OPERATION V	OT RELATED NE . WAS PERFORM THE HOW IN .	TO THE TERM HEALT RMED JURY OCCURR	INAL DISEASE O PALLU 200 AUTOPS YES N ED (ENTER NATURE	R CONDIT (€) Y? 2	OD GIV	S, WERE I	ART 110 FINDING AUSES C	GS USEC DF DEAT NO	D TH?
CERTIFIC	gove rise to couse 101, sti underlying co PART 2 OTHERS LIVE 190 DATE OF OPE 210 ACCIDENT WAS OR CONTRIBUTING [18F EITHER NOTIFY M 21d IN JURY OCC MYMILE NOTIFY M AT WORK AT	immediate of the offing the use lost. IGNIFICANT COTE TO THE OFFI	ONDITIONS COLUMN TO THE PLACE COLUMN TO THE PLACE COLUMN	R AS A CONSEQUENT OF THE PROPERTY OF THE PROPE	DEATH BUT NO FALLU H OPERATION V DAY YEAR 19 FARM ETC.)	OT RELATED NE, WAS PERFOR TIC. HOW IN, STREET	TO THE TERM HEALT RMED JURY OCCURR	INAL DISEASE O PALLU 200 AUTOPS YES N ED (ENTER NATURE	R CONDIT	OD GIV	S, WERE I	ART 110 FINDING AUSES C	GS USED DF DEAT NO	D THE
CERTIFIC	gove rise to couse 101, st underlying co PART 2 OTHERS 19a DATE OF OPE 21a ACCIDENT WAS OR CONTRIBUTING [LIF EITHER NOTIFY M 21d INJURY OCC MMNIE NOTIFY M 22a.1 certify that	immediate of the outing the outing the outing the outing the outine to the outine the ou	ONDITIONS COLUMN TIME OF A PLACE OF A HOME STREET	RAS A CONSECUENT OF INJURY M. MONTH CA. DE INJURY DE INJURY DE INJURY DE INJURY DE INJURY DE DE INJURY DE DE COMPANY DE DE COMPANY DE DE COMPANY DE DE COMPANY DE COM	DEATH BUT NO FALLU H OPERATION V DAY YEAR 19 FARM ETC.)	OT RELATED NE, WAS PERFORE THE LOCATION STREET	TO THE TERM HENCE RMED JURY OCCURR	INAL DISEASE O PALLU 200 AUTOPS YES NED (ENTER NATURE	R CONDIT	TION GIV	S, WERE I FYING CA ES	ART TIO	GS USED DE DE ATI	D TH?
CERTIFIC	gove rise to couse 101, strunderlying co PART 2 OTHERS 190 DATE OF OPE 210 ACCIDENT WAS OR CONTRIBUTING [16F EITHER NOTIF! YA TON 111 YA TON 112 YA TON 113 YA TON 114 YA TON 115 YA T	IMMED UNDERLYING CAUSE OF DEATH	ONDITIONS COLUMN TIME OF A PLACE OF A HOME STREET	RAS A CONSECUENT OF INJURY M. MONTH CA. DE INJURY DE INJURY DE INJURY DE INJURY DE INJURY DE DE INJURY DE DE COMPANY DE DE COMPANY DE DE COMPANY DE DE COMPANY DE COM	DEATH BUT NO FACLU HOPERATION V DAY YEAR 19 FARM EIC) 2	OT RELATED NE WAS PERFOI TIC HOW IN. II LOCATIO SIRRET	TO THE TERM HENCE RMED JURY OCCURR	INAL DISEASE O PALLU 200 AUTOPS YES N ED (ENTER NATURE	R CONDIT	TION GIV	S, WERE I FYING CA ES	ART TIO	GS USED DE DE ATI	D TH?
CERTIFIC	gove rise to couse 101, st underlying co PART 2 OTHERS 19a DATE OF OPE 21a ACCIDENT WAS OR CONTRIBUTING [LIF EITHER NOTIFY M 21d INJURY OCC MMNIE NOTIFY M 22a.1 certify that	immediate of the outing the outing the outing the outing the outine to the outine the ou	ONDITIONS COLUMN TIME OF A PLACE OF A HOME STREET	RAS A CONSECUENT OF INJURY M. MONTH CA. DE INJURY DE INJURY DE INJURY DE INJURY DE INJURY DE DE INJURY DE DE COMPANY	DEATH BUT NO FACLU HOPERATION V DAY YEAR 19 FARM EIC) 2	OT RELATED NE, WAS PERFORE THE LOCATION STREET THAT IN (My) GREE A	TO THE TERM HE WITH RMED JURY OCCURR ON 19 (our) opinion of	INAL DISEASE O PALLU 200 AUTOPS YES N ED (ENTER NATURE death occurred of	R CONDIT	Ob. IF YES	S, WERE CYING CA	ART TIO	GS USED FOR THE STATE OF THE ST	D TH?
CERTIFIC	gove rise to couse 101, 31 underlying co PART 2 OTHER S 190 DATE OF OPE 210 ACCIDENT WAS OR CONTRIBUTING [11F EITHER NOTIFY W 21d INJURY OCC WMLE NOTIFY W 21d INJURY OCC WMLE SOW THE SOW	IMMEDIAL EXAMINER) UNDERLYING CAUSE OF DEATHEDICAL EXAMINER) WHILE COUNTY COU	ONDITIONS COLUMN TIME OF A PLACE OF A HOME STREET	RAS A CONSECUENT OF INJURY M. MONTH CA. DE INJURY DE INJURY DE INJURY DE INJURY DE INJURY DE DE INJURY DE DE COMPANY	DAY YEAR 19 FARM EIC) DEI DEI DEI DEI DEI DEI DEI DE	OT RELATED NE WAS PERFOI THE LOCATION STREET THAT IN MY GREE A P	TO THE TERM HE AUTO RMED JURY OCCURR ON (our) opinion of RTENDING PHYSICIAN	INAL DISEASE O PALLU 200 AUTOPS YES N ED (ENTER NATURE death occurred of	R CONDIT	Ob. IF YES	S, WERE CYING CA	ART 110 FINDING AUSES C ART 2) NIY , th	GS USED FOR THE STATE OF THE ST	D TH?
CERTIFIC	gove rise to couse 101, strunderlying co PART 2 OTHERS 190 DATE OF OPE 210 ACCIDENT WAS OR CONTRIBUTING [16F EITHER NOTIF! YA TON 111 YA TON 112 YA TON 113 YA TON 114 YA TON 115 YA T	IMMEDIAL EXAMINER) UNDERLYING CAUSE OF DEATHEDICAL EXAMINER) WHILE COUNTY COU	21b. TIME OF HOUR A.A. P.A. 21b. PLACE (AI HOME STRILL) offerded the O. 2.2 (View the body of the body	PAS A CONSECUENT OF THE PROPERTY OF THE PROPER	DEATH BUT NO PACCU HOPERATION V DAY YEAR 19 FARM ETC. DEC	OT RELATED NE, WAS PERFORE THE LOCATION STREET THAT IN (My) GREE A	TO THE TERM HE AUTO RMED JURY OCCURR ON (our) opinion of RTENDING PHYSICIAN	INAL DISEASE O PALLU 200 AUTOPS YES N ED (ENTER NATURE death occurred of	R CONDIT	Ob. IF YES	S, WERE CYING CA	ART 110 FINDING AUSES C ART 2) NIY , th	GS USED FOR THE STATE OF THE ST	D TH?
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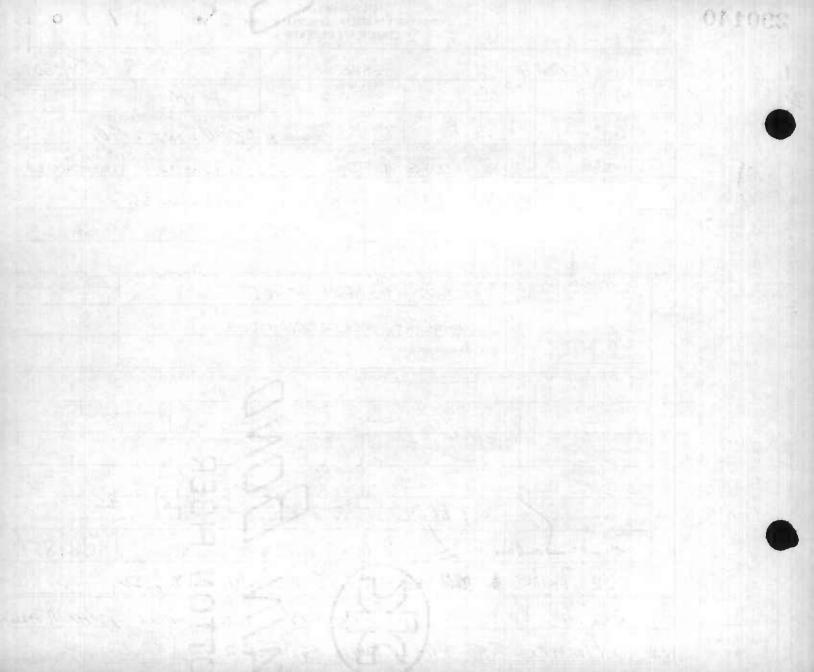
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290140	1.	FOR - STATE REGISTRAR		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 5 2 7 7 6 2 CERTIFICATE OF DEATH REG. NO.								
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30	30	AL RESIDENCE (IF NURSING STATE	3b COUNTY	13c CITY OR TO		13d INSIDE CITY LIMIT		ADDRESS / ZIP C	ST. 2/2	23		
1-1300	14. 6.	TAVID	MIDDLE	DAVI	Ś	15. MOTHER'S MAIDE		MIDDLE	D	Avis		
e execut n and c		WAS DECEASED EVER IN YES, NO OR UNKNOWN)	U.S. ARMED FORCE		URITY NO.	17. INFORMANT		ADDRESS				
ires that the death ceigned by the attending on please remove carb burial, cremation, or ri ty, or other troumatic		Conditions, if any, gove rise to imme couse (a), stating underlying couse	which diote the lost.	o, or as a consequ b) METAST o, or as a consequ	ATIC /	HAENO CARI		se or condition	O GIVEN IN PART	l(o		
he low requor. On. hos been sit permit. The ene prior to ows ony inju	CERTIFICATION	19a DATE OF OPERATK		ONDITION FOR WHICH	H OPERATIO		200 AUT	NO IN C	F YES, WERE FINI ERTIFYING CAUS YES	ES OF DEATH?		
NG PHYSICIAN: TI ottending physicial tear this certificate as the buriol-transit hand Mentol Hygisted or them 18 sh	MEDICAL CI	OR CONTRIBUTING CA	USE OF DEATH LEXAMINER) D 21e PL	P.M. MONTH E P.M. ACE OF INJURY ME STREET, FACTORY OFFICE	19	211. LOCATION STREET	COURSED (ENTERS	CITY OR TOWN	COUNTY	STATE		
TAL OR ATTENDI y the hospiral or AL DIRECTOR: A detached for use toote Dept of Heal		22a I certify that (I) (t sow the deceased above, (I) (we) (dic 22b. SIGNATURE	//	X		d that in (my) (our) op DEGREE ATTENDIN		ed on the date and	22c. DA	that (I) (we) loss the couses stated		
TO HOSPITAL or retoined by the TO FUNERAL Bhould be detoined by the Store of MAPORTANT: If	230	22d. PHYSICIAN'S NAM DR BURIAL, CREMATION, RI	AHMAD	ANNA SA		220 ADDRESS WILL	KINS AV.	BALTO 2				
BP	2	(SPECIFY) BURIA	ne	1	MT. C	'ARVARY	Bi	YORTOWN YORTOWN REGISTRAR 256. RE		ARY CALL		

DHMH - 16 50M 4/83 (VRA 15, 4)

BROWN/THOMBON F.H. 19913 W. BALTO. ST. OCT 1 5 1985



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ET S.S. S. ET		CONFRINT	ROBERT	ľ			DAVI	S, SF	۲.		DEATH	MATED [□ 10	6	19 85	
PLEASI ECTOR R FILES HOUR	3. SE.	X 4. RA	CE	5 DATE OF BIRTH	YEAR	LAST BIRTHDAY	IF UND		IF UNDER 2		DATE	CED	MONTH	DAY	YEAR	2d HOU
ARY, OUIN	_		lack	3	10	75 YRS	5.				DEAD		10		19 85	7:5
NECESSARY, PLEASE UNERAL DIRECTOR. FOR YOUR FILES. WITHIN 72 HOURS PRESTON STREET,	70 B	RTHPLACE (STATE OF	R	76. CITIZEN OF WH.	AT COUNT				VER MARRIE	ED L			OR COUN		HTAS	
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0 = 25 E	14. F	ATHER'S NAME		WIDDLE			ī	-	R'S MAIDEN		-	DOLE	11 11 0			
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	230.B	URIAL, CREMATION				AME OF CEM	ETERY OR	CREMATO	YX	23d. LOC CITY OR	NOTE		cou	NTY	57	TATE
07/B4 BP	24. F	UNERAL DIRECTOR	oval	10/15/85)			12	25a. DATE RE	EC'D. BY R	EGISTRAF	R 256 REC	GISTRAR'S	SIGNATI	URE	
DHMH - 17 (VR A15 ME (5))		Anatom	v Board	ADDRESS	F	Balto.	. Md.	-	OCT	24	1985	Tillia,	Davido	~~	mario	

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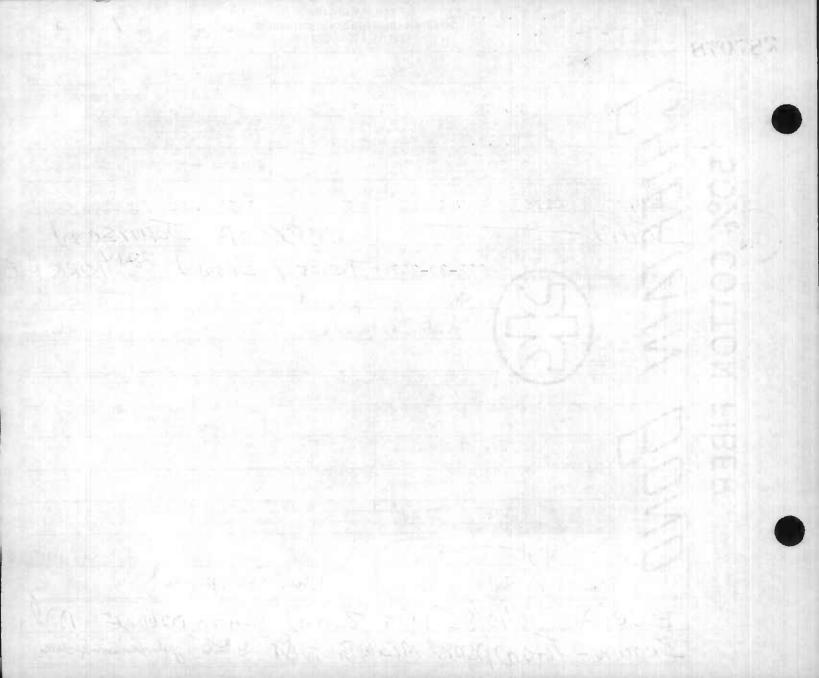




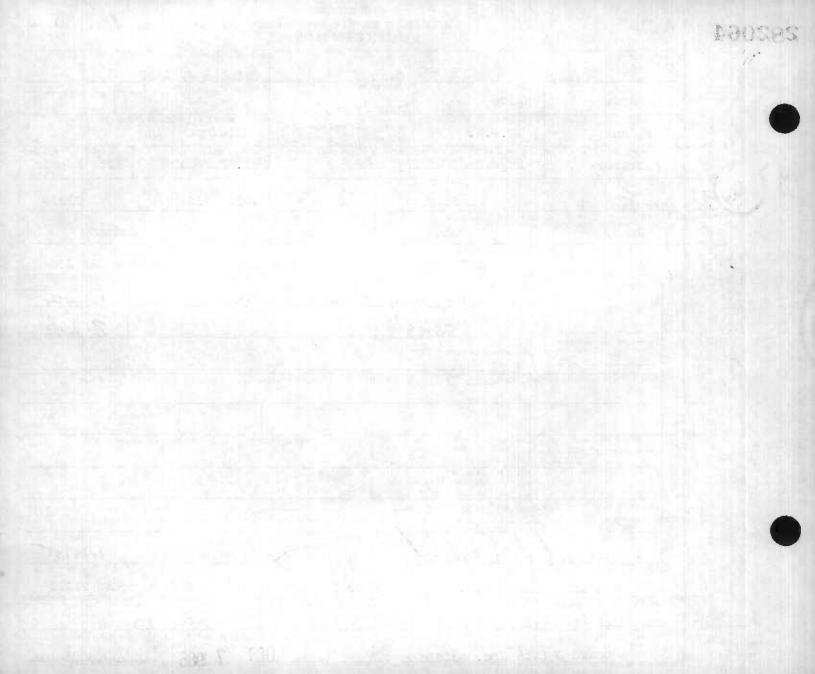
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202020	1-	TEM NUMBER 7a, FOR 10-15-85 D REGISTRAR	FER.PH.CALL .W. DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		27/65
287078		CEASED NAME FIRST	WIDDLE	LAST	REG. NO	
2 7 4	(1YPE	OR PRINT) SILAS		DAVIS	OCTOBER 5.	1985 1.46 am
for the same	3 SE	[4	RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT	THOAY) IF UNDER I YEAR IF UNDER 24 HRS
* 000	14	MALE	BLACK	APR 29 1895	90	YRS.
E 40 10		RTHPLACE (STATE OR FOREIGN 7	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED		R COUNTY OF DEATH
1 11 35	-	RYLAND	U.S.A.	WIDOWED DIVORCED	DALLIMORE (MD.
1 11 102			 NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET 	NG HOME OR OTHER INSTITUTION ADDRESS)	12a USUAL OCCUPATION OF WORLD	
		ALTIMORE	JOHNS HOPKINS H	OSPITAL		77.13
1 12 1/	13a. S	STATE 136 COUNT	Y LITY OR TOW	/N 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	
2-11-	-	ARYLAND CIT	TY BALTIMO	PRE YES X NO 1		STER MORTON COURT
(Inthan	-		BIDDIE	OEB	ECC AMIDDLE	John Saral
1447	16a V	VAS DECEASED EVER IN U.S. ARM	ED FORCES? 166 SOCIAL SECU	JRITY NO. 17 INFORMANT	ADDRE	35 20.15/
	1	YES NO OR UNKNOWN) (IF YES, GIVE	222-20-	2526 TERRY	1 Brown) 291 YKIRK AL
at a second		18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED	ane cause per line for (a), (b), an	1-4-		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
the good as		IMMEDIATE		brimorand arised		30 minutes
ath of contract of the contrac	E	Conditions If any which	DUE TO, OR AS A CONSEQUE	ENCE OF Tansorade		12-24 hs
do se de		Conditions, if ony, which gave rise to immediate cause (a), stating the	(6)			
othe other	1	underlying couse lost	DUE TO, OR AS A CONSEQUE	ENCE OF		
pares regned her pla o buring	Z.	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TE	rminal disease or coni	DITION GIVEN IN PART 110
1 1 1 1 1	FICATION	THE DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED
25 21 16	400				YES NO	IN CERTIFYING CAUSES OF DEATH? YES NO
N Mysic I Mysi	GE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	216. TIME OF INJURY HOUR A.M. MONTH D.	AY YEAR 21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART 1 OR PART 2)
200	CAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19		
the by th	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	210 PLACE OF INJURY	FARM ETC 1 STREET	CITY OR TO	WN COUNTY STATE
A Paris		220.1 certify that (I) (this hospital	il) attended the deceased fram_	OCT 4 19 85		, 17 Marian, IIIOI (I) (WC) IOSI
Party	100	saw the deceased alive an_ abave, (I) (we) (did) (did nat	Oct 5 19_	85, and that in (my) (aur) apinic	on death accurred on the de	ate and hour and from the causes stated
Ched To The	15	226. SIGNATURE	1_15	DEGREE		22c. DATE SIGNED
TAL CARE		0-10	4	MI ATTENDING PHYSICIAN	MEDICAL STAF	
HOSPI Suld be th the S	3	22d. PHYSICIAN'S NAME (TYPE OR	P. Solwasy, of	m, mb) 220 ADDRESS	s Hopking Hosp	igol
δ # 5 # # *	23n. 8	URIAL, CREMATION, REMOVAL	23b. DATE 22+	NAME OF CEMETERY OR CREMATOR	CITY OR LOWEL	a county a coal
BP	1	SURIAL	10/10/85 1	VIT ZION		DOWNE 10 X
DHMH - 16 60M 7/84 (VRA 15, 4)	74.1	AMERAL DIRECTOR	to mocognist	1913 W BAL 2006	9 985	256 REGISTRAR'S SIGNATURE June Davidson-Handelle
(Take to	10010	011100-10	1017- 10		



2064	1.	FOR STATE REGISTRAR	DEP	ARTMENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	2	1/60
m 5		CEASED NAME FIRST	WIDDLE	į	AST	2a. DATE OF DEATH		YEAR 2b. HOUR
may be page 3 ter death	100	Georg	e W	Dear	n	October 4	1985	
ge 4 mo	3. SE	x Male	White	5. DATE O		6. AGE (IN YEARS LAST BIR	THDAY) IF UN	DER TYEAR IF UNDER 24 HRS
neral dire		IRTHPLACE (STATE OR FOREIGN COUNTRY)	7b. CITIZEN OF WHAT COUN U.S.A.	TRY? 8	D NEVER MARRIED	9 BALTIMORE CITY O Baltimore	R COUNTY OF	DEATH
1 170	10 €	Baltimore	11. NAME OF HOSPITAL, NU.	JRSING HOME	OR OTHER INSTITUTION	Ret . Foreme		Auto Repair
LA SE	13a.	AL RESIDENCE HE NURSING HOME O STATE 136. COU	R OTHER INSTITUTION GIVE RESIDENCE NTY 13c. CITY OR Balti	TOWN	13d INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS / 4032 Hille	ZIP CODE	21218
ompleter	14 F	ATHER'S NAME James	MIDDLE Dean		15 MOTHER'S MAIDEN NAME ROSE	ME MIDDLE	Er	dman (AST
Poges 1		WAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (1F YES GI	RMED FORCES? 16b SOCIAL 217-10	SECURITY NO. -7910	17. INFORMANT Mrs Emma L	Dean ADDRE	ss Sa m	ne As 13e
quires that the death certificate signed by the attending physic han please remave carban pape to burial, cremation, or remaval njury, or other traumatic event, the	NO	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI IMMEDIA Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c)	EQUENCE OF	Arrest 1 Pour		DITION GIVEN II	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MINUTES Z WK N PART 110
on. hos been to permit. I been prior ows any ii	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WI	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES	RE FINDINGS USED G CAUSES OF DEATH?
4G PHYSICIAN: Tottending physici of the this certificate is the burial-transit hand Mental Hygy rked or frem 18 sh	MEDICAL CER	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE ETHER NOTHY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE ONE OF WHILE OF THE CONTRIBUTION OF THE CONTRIBU	HOUR A.M. MONTH	19	21t. HOW INJURY OCCURE 21t. LOCATION STREET	RED (ENTER NATURE OF INJUR		OR PART 2) COUNTY STATE
OR ATTENDIN e hospital or DIRECTOR: Af oched for use o Dept. of Health f hem 21 is ma		22a.l certify that (I) (this hosp sow the deceased alive or abov. (I) (N)e) (did) (did no 22b. SIGNATURE	otal) attended the deceased from the view the body after death.	.19, or	nd that in (my) (aur) apinion of DEGREE			1 from the couses stated 22c DATE SIGNED
TO HOSPITAL retoined by th TO FUNERAL should be dete with the State IMPORTANT: I		22d PHYSICIAN'S NAME (TYPE OF RICHARD D	iamond M.D.	1	PHYSICIAN 2220 ADDRESS 3847 Chesmu	MEDICAL STAF		10/5/85 e Md 21211
BP		BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation	236 DATE 10/7/85	23c NAME OF C Westv.	EMETERY OR CREMATORY iew	Baltimore	e, Waryl	unty State
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FI	UNERAL DIRECTOR NAME Leonard J	Ruck Inc. Balt			CT 7 100	256 REGISTRAR'S	S SIGNATURE



FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

21161

030185	1	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO	D
7		CEASED NAME , FIRST	WIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR 2b. HOUR
11		JOSEPHINE	M. De	eCOLA	1-6-01-06	10 4 55 5-5TAM
	3. SE	FEMALE	4 RACE	S. DATE OF BIRTH MONTH 12 17 94	6 AGE (IN YEARS LAST BIRT	MONTHS DAYS HOURS MIN
direction of the control of the cont	70 B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	/2 8	9 BALTIMORE CITY O	R COUNTY OF DEATH
152 27		COL-MINY)_		MARRIED LI NEVER MARRIED L	Ball	ween city
within within	10 C	Maryland ITY OR TOWN OF DEATH	U.S.A.	WIDOWED DIVORCED [12a USUAL OCCUPATION	MD.
d in by the be filled w		BALTIMORE	(IF NOT IN SUCH FACILITY, GIVE STREET		TYPE OF WORK FOR MOST O	F WORKING LIFE) INDUSTRY
be filed the fil	USU		Good Samaritan OR OTHER INSTITUTION GIVE RESIDENCE BEFO		Ret	Book Keeper
and BE	13a	STATE 13b. CO	UNTY 13t. CITY OR TO	WN 13d INSIDE CITY LIMITS?	13e STREET ADDRESS	
· E.no	_	aryland THER'S NAME	Baltime	Ore YES T NO [1554 Stone	ewood Rd. 21239
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HMH - 16 60M 7/84 (VRA 15, 4)		JNERAL DIRECTOR Leonard J. R	duck, Inc. Balti		ATE REC'D. BY REGISTRAR 4 1985	23b. REGISTRAR'S SIGNATURE

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4 51 4	10. C	ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL N	URSING HOME OR OTHER	DIVORCED []	No USUAL OCCUPAT	IONI TI	7000	BUSINESS OR
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2 2 21 4		18 CAUSE OF DEATH (Enter o	nly age cause per line far (a). I	h) and ic		1		APPROXIM	ATE INTERVAL
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8 F F F F	CATION	Cestul	ny meu	mounts)		110000		
2 41457	5	190 DATE OF OPERATION	CONDITION FOR W	HICH OPERATION WAS PE	ERFORMED	200 AUTOPSY?	206. IF YES, WE	RE FINDING	S USED
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TA WILL		77% SIGNATURE	or view the body after death.	DEGREE				22c DATE SH	GNED
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A 1 4 3 4 8 /		Moges "	(Ahrema	raus					
55 54 5 5	23o I	BURIAL, CREMATION, REMOVAL	. 23b DATE	230 NAME OF CEMETERY	OR CREMATORY	23d LOCATION			
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Br		URIAL	10-25-85	EASTVIEW		Baltimo			land
DHMH-16 50M 1/B1 (VRA 15, 4)	10	MERAL DIRECTOR	ADD	RESS	250 DATE	REC'D. BY REGISTRAR			
(VKA 10, 4)	L. I	W.C. MARCH F/H			VE. UU	1 40 1905	June bass	Ton Call	
	-								

STATE OF MARYLAND - STATE REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. LAST 20 DATE OF DEATH 2b HOUR 6:15 PM DIAMOND OCTOBER 20, 1985 S. DATE OF BIRTH MAR 4,1909 76

WHITE FEMALE TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY?

ANNE

4 RACE

MARRIED NEVER MARRIED IISA

WIDOWED V 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION

BALTIMORE CITY ITYPE OF WORK FOR MOST OF WORKING LIFE HOUSEWIFE

13e STREET ADDRESS / ZIP CODE

MIDDLE

9 BALTIMORE CITY OR COUNTY OF DEATH

12b. KIND OF BUSINESS OR INDUSTRY HOME MAKER

LIEBERKIND

130 STATE MARYLAND

FOR

TYPE OR PRINTS

3 SEX

DECEASED NAME

NEW YORK

SAMUEL

10 CITY OR TOWN OF DEATH

BALTIMORE

13b COUNTY 13c CITY OR TOWN BALTIMORE

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

13d INSIDE CITY LIMITS? YES X IS MOTHER'S MAIDEN NAME

6630 EBERLE DR. APT. 204(21215)

14 FATHER'S NAME

MIDDLE

IMMEDIATE CAUSE to

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)

GOLDBERG 166 SOCIAL SECURITY NO.

6630 EBERLE DR. APT. 204 (21215

ROSA 17 INFORMANT

211 LOCATION

STREET

ADDRESS (21208)

160 WAS DECEASED EVER IN U.S. ARMED FORCES? [YES. NO OR UNKNOWN] I LIE YES GIVE WAR OR DATES) NO

PART I. DEATH WAS CAUSED BY

068-01-6963 18 CAUSE OF DEATH (Enter only one cause per limited)

JEROME DIAMOND 29 WARREN PARK DR. APT. A-1

Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse last.

DUE TO, OR AS A CONSEQUENCE OF

20a AUTOPSY?

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110-

CATION 90 DATE OF OPERATION CERTIFI MEDICAL

(IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

716 TIME OF INJURY P.M.

19h CONDITION FOR WHICH OPERATION WAS PERFORMED

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [

21n ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED

HOUR A.M. MONTH DAY YEAR 21e PLACE OF INJURY

(AT HOME STREET FACTORY OFFICE FARM ETC.)

COUNTY CITY OF TOWN STATE

22a | certify that (1) (this hospital) ottende with saw the decented olive an. above (Mare did) (did nat) view the box 77h SIGNATURE

DEGREE 22e ADDRESS

MEDICAL ATTENDING . PHYSICIAN DIRECTOR PHYSICIAN 22c DATE SIGNED 10/21/85

221 PHYSICIAN'S NAME (TYPE ORPRINE) LEONARD

24 FUNERAL DIRECTOR

KOTZ

23c. NAME OF CEMETERY OR CREMATORY

11 SLADE AVE. BALTIMORE., MD. (21208)

DHMH - 16 60M 7/84 (VRA 15, 4)

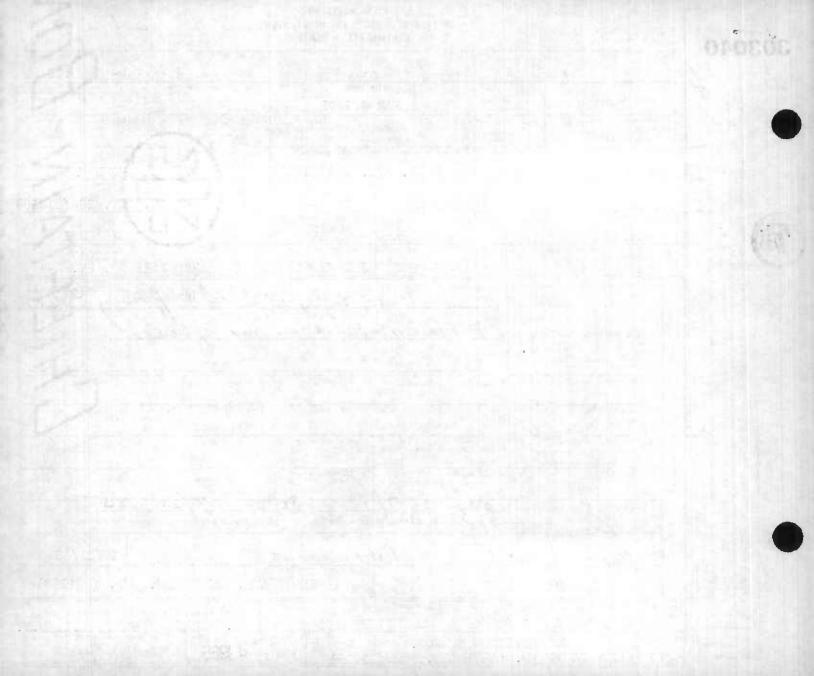
23g. BURIAL CREMATION REMOVAL 23b DATE BURIAL/REMOVAL

10/23/85 MONTEFIORE CEM 23d LOCATION

and that in (my) (our) apinion death accurred an the date and hour and from the causes stated

ST. ALBANS, OUEENS

SOL LEVINSON & BROS. 6010 REISTERSTOWN RD. BALTIMORE., MD. (21215) 250 DATE REC'D. 8Y REGISTRAR 256. REGISTRAR'S SIGNATURE



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-	NOT OF A	death resu	Ited from: Natur	ral causes .	Accident	X Suicio		Hamic			ermined mo	-	7	,			
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DHMH - 16 60M 7/84 IVRA 15, 41

24 FUNERAL DIRECTOR

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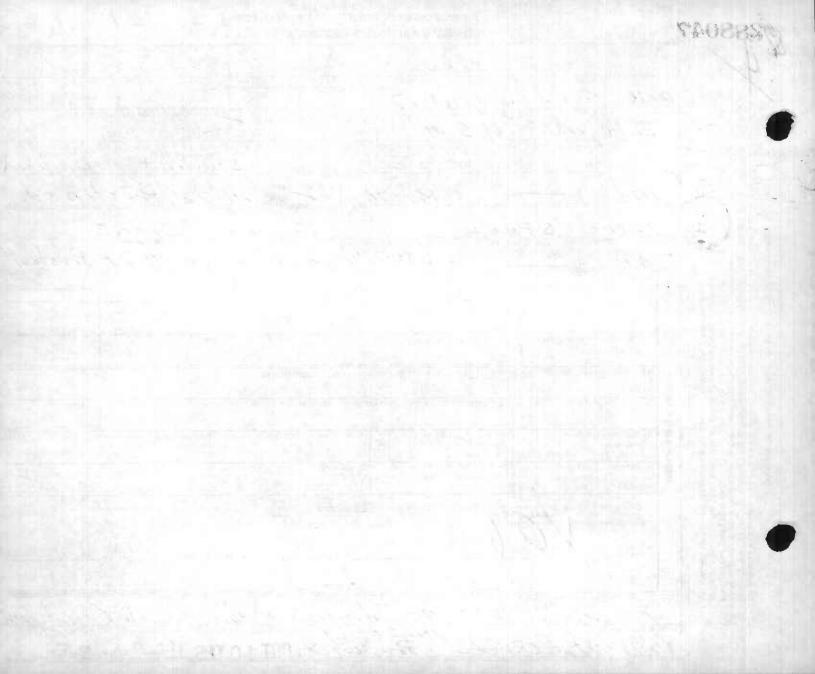
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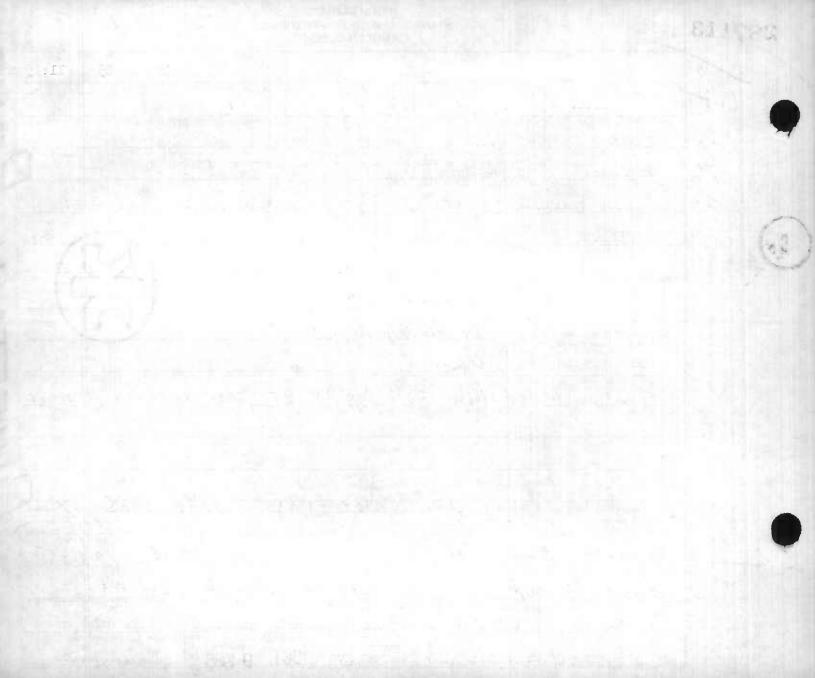
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047		REGISTRAR	MEDICAL EXAMINE	R'S CERTIFICATE OF	DEATH REG. NO.	
		EASED NAME FIRST	MIDDLE	LAST	20 DATE KNOWN MONTH	DAY YEAR Zb HOUR
	(TYPE	OR PRINT) Kevin	SEAN	Diggs	OF ESTI-	
3	SEX	4 RACE . 5. D.	ATE OF BIRTH 6. AGE (IN YEAR	IS IF UNDER LYR JIE UNDER 24	1.0	0 8 19 85 M
	NI	7. 10 1/2: 2012/10	NTH DAY YEAR LAST BIRTHDAY	MONTHS DAYS HOURS A	AIN PRONOUNCED	4:14P
1	///		ua. 11,1968 /) YRS	5.	DEAD 10) 8 1985 M
5	6 BIR	THPLACE (STATE ON 76 C	VIEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	2 BALTIMORE CITY OR COUN	TY OF DEATH
	,	Ba 140, 1710.	4.5.01.	WIDOWED DIVORCED	□ Baltimore City	7 . MD.
- 11	D. CIT		NAME OF HOSPITAL, NURSING HOME,	OR OTHER INSTITUTION	26. USUAL OCCUPATION (TYPE OF WORK	126 KIND OF BUSINESS OR INDUSTRY
5	Ba		ohns Hopkins Hospi	tal	Student	High school
	SUA	RESIDENCE (IF IN NURSING HOME OR OTHE	R INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION	9	7	313
7	a ST	ate 136. COUNTY	13c CITY OR TOWN	YES NO 1	3. STREET ADDRESS POR	\$50 cd
¥		THER'S NAME	Belloc		11/21/18	10-131.
0	4	FIRST	DLE LAST	15. MOTHER'S MAIDEN	NAME	LAST
ч.	1	EROY ST	ANN	Janie	ce Digg.	2
11	OR. WES	AS DECEASED EVER IN U.S. ARMED F S, NO, OR UNKNOWN) (IF YES, GIVE WAR OF	ORCES? 166. SOCIAL SECURITY	NO. 17 INFORMANT	ADDRESS	50 / SX
L		NU -	2/2-86-/	171 Junice	Diggs 17/11	- , Treston"
		18 CAUSE OF DEATH (Enter only one	couse per line for (a), (b), and (c).)		3	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I DEATH WAS CAUSED BY:	USE (a) Gunshot wound	to scrotum		BETWEEN ONSET AND DEATH
		(DUE TO, OR AS A CONSEQUENCE O			
	4	Canditians, if any, which				
		gave rise to immediate cause (o) stating the under-	(b)			
		lying couse last.	DOL TO, OK AS A CONSEQUENCE OF			
	-	SIDT 2 STUFF CICHIFICANT CONDITIONS CONTO	(c)			
		CARL Z OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO THE TERMIN	AL DISEASE OR CONDITION GIVEN IN PART 1	l (e·.	
	CERTIFICATION	19g DATE OF OPERATION	In court of the co			
	∑	THE DATE OF OPERATION	196 CONDITION FOR WHICH OPERA	HON WAS PERFORMED?		20 AUTOPSY?
4	E					YES X NO
7	8	210 EXTERNAL CAUSE WAS UNDERLYING OR	216. TIME OF INJURY HOUR AND MONTH DAY YEAR	21c. HOW INJURY OCCURRED	ENTER NATURE OF INJURY IN ITEM 18 PART I OR PA	ART 2)
1	MEDICAL	CONTRIBUTING CAUSE OF DEATH	3 P.M. 10 8 19 85	Subject shot		
	0	21d. INJURY OCCURRED	21e PLACE OF INJURY (ATHOME,	21. LOCATION		MD stand
	2	AT WORK AT WORK	street.	in front of La	ke Clifton High Sc	state
	1			VV	To CITTON HIGH SC	noor, barcocity
		MA	le rumains described obave, held on	Autopsy XX, Inspection	. Inquiry . and in my ap	pinian
		death resulted from:	Accident , Suic	de , Homicide X.	Undetermined manner,	
		ACTUAL / (//	//	TITLE (SPECIFY)		
1		ACTUAL SIGNATURE	V	Assistant	_MEDICAL EXAMINER DATE	10/9/85
1		EXAMINER'S NAME Cross				
-		(TYPE OR PRINT) Greg	ory R. Kauffman, M	.D. ADDRESS 111 Pe	enn St. Balto.M	D.
23	o.BU	RIAL-CREMATION, REMOVAL 236 DA			23d LOCATION	1-
	(26)	Burial 10.	-12-85 mt.Ca	I very Cpm.	Ho no the man	Stafe 201
2.	4 FUI	NERAL DIRECTOR	14131	250. DATE REC	C'D. BY REGISTRAR 256 REGISTRAR'S	SIGNATURE TO
	1	ALVINKS &	ADDRESS PROCE	ton St. nrT	a name for King	20
H	4	14/1/01-00	Thes	101/0/101	HIMA HALYOS	on-Handolp



Hubbard Funeral Home, Inc. 4107 Wilkens Ave

(VRA 15, 4)



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifical transmission of ter death. Page 4 may be retained by the haspital or ottending physician.
TO FUNERAL DIRECTOR. After this certificate hos been signed by the ottending plys. The second signed in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbondopen the small be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.
IMPORTANT: If them 21 is morked or Item 18 shaws any injury, or other traumatic event, the medical examiner must be notified at ance.

3040	54	1.	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HY	GIENE Ö Ö	2	1 1 1 4
	1		CEASED NAME FIRST		MIDDLE		AST		MONTH DAY	YEAR 26 HOUR
oge 3	15	(TYPI	ORPRINT)	he Lydia	Carter	Dil	l and	October 27	. 1985	6:05P M
moy pog er de	1	3 SE		4 RACE	u our cer	5 DATE C		6. AGE (IN YEARS LAST BIR	THDAY) IF UP	NDER I YEAR IF UNDER 24 HRS
ge 4 rector			EMALE	BLACK	<	6-1	1-1920	65	YRS.	
P P P	80/	7a B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	MARRIE	D X NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY OF	DEATH
leoth in 7	30	. 1	IARYLAND	U.S.		WIDOWE	D DIVORCED	Baltimore	City	MD.
he fu	P led	10 C	TY OR TOWN OF DEATH		HOSPITAL, NURSI		DR OTHER INSTITUTION	120 CLAIMSUPEY	CAMINER	26 KIND OF BUSINESS OR
is of	8/X		Baltimore	Maryla	and Gener	al Ho	spital	DHHS		SOCIAL SECURI
BALLIMOKE, MAKTLAND 2 1 20 Colt the state of the state o	å	13a.	AL RESIDENCE (IF NURSING HOM STATE 136 CC	E OR OTHER INSTITUTION DUNTY	13c CITY OR TOV	VN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 707 Baker		21217
4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	in a		THER'S NAME			7111	15 MOTHER'S MAIDEN NA	AME	001000	21217
1	Exo		MOSES	WIDDLE	CARTER		MARY	MIDDLE		GLOVER
	9		VAS DECEASED EVER IN U.S.		166 SOCIAL SECT		17 INFORMANT	ADDR	ESS	GLOVEN
No.	э педі		NO OR UNKNOWN) (IF YES	GIVE WAR OR DATES)	216-16-2	866A	IVORY DILLAR	RD, 707 BAKE	R STREET	
SAL Sys	t, the		18 CAUSE OF DEATH (Enter	r only ane cause pe	er line far (a), (b), ar	nd (c).			190000	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
: 4 50	ечеп			NATE CAUSE (a)	Cardio-P	ulmon	ary Arrest		1	
die die	or			DUE TO, C	OR AS A CONSEQU	ENCE OF			17	
dep dep	non		Canditions, if ony, which	(b)_	Adeno-Ca	rcino	ma of lung		1, 1/2-17	
W. Px	other tr		gave rise to immediate couse (a), stating the underlying cause last.		DR AS A CONSEQU	ENCE OF				
S, 201	burrol ry, or	7	PART 2 OTHER SIGNIFICAN	NT CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERA	MINAL DISEASE OR CON	IDITION GIVEN I	IN PART Tra
OVISION OF VITAL RECORDS, 201 W. PRESTON ST ORENGING Physician. Ottending physician. After this certificate has been signed by the ottending is at the buriol frontil permit. Then please temove corbons	e prior to	CERTIFICATION	190 DATE OF OPERATION	19h CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20s AUTOPSY?	IN CERTIFYING	ERE FINDINGS USED G CAUSES OF DEATH?
The The Coor	shav	ERTI	21a ACCIDENT WAS UNDERLYING	21h TIME (OF INTITION		21c. HOW INJURY OCCUR	YES NO	YES _	NO D
P VI Phys Phys	item 18 sh		OR CONTRIBUTING CAUSE OF	110110 1	M.M. MONTH D	AY YEAR	ZICTIOW HAJORT OCCOR	TENTER NATURE OF INJU	NY IN ITEM 18 PART I	ON PART 23
rysic cer	Ment or Her	MEDICAL	214 INJURY OCCURRED		OF INJURY	19	211 LOCATION		_	
JG PHY offend ter this sthe b	rkedo	MEC	WHILE NOT WHILE AT WORK		TREET, FACTORY OFFICE	FARM ETC)	STREET	CITY OR TO)WN	COUNTY STATE
NDIN - A	s mo		22a 1 certify that (Mithis his saw the deceased alive	aspital) attended t	he deceased from	Oc tobe	n 27, 1985	10 October		
Spire CTO	21		saw the deceased alive above, (X (we) (did) X (X	XX yjew the body	y ofter death.	03	nd that in X y) (aur) apinion	death accurred an the d	ate and have one	d from the causes stated
ALOR A the hose (ALDIREG	LT: If them		226. SIGNATURE	Danes			DEGREE ATTENDING PHYSICIAN	MEDICAL STA		10 /28/85
PI PI	A N	1	22d. PHYSICIAN'S NAME (T	PE OR PRINT		40.5	22e ADDRESS			
or HOS etoined TO FUN	Mith the Stat		Thomas H.	Ganey				nd General	Hospital	
F 2 P 0	/-		URIAL, CREMATION, REMOV	100			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	co	DUNTY STATE
BP	2		BURIAL	11-1-	85 MA	RYLAN	D NAT'L CEM.	LAUREL M	ARYLAND	
DHMH - 16 6	50M 7/B4	24	URALERE & SONS	FUNERAL F	HOME, INC			TE REC'D. BY REGISTRAR	256 REGISTRAR	SIGNATURE CO
(VRA 1:	5, 4)	1	501 GWYNNS FA	LLS PARK	YAY, BALTO)., ME	21216	1 2 3 1900		A

STATE OF MARYLAND

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y.	FOR - STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 5	27/1
	CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
(1107)	Tho	mas Edwin	Dodson, Jr.	Oct. 26, 198	35
3. SE	X	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 H
	Male	White	April 9, 1902	eg 3	
	IRTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED MEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
BO	altimore, Md.		WIDOWED DIVORCED	Baltimore	city,
1	ITY OR TOWN OF DEATH		NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126. KIND OF BUSINESS
	Raltimore	Johns"Hopkit		Office Mngr	Transport
	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFOR		13e.STREET ADDRESS / ZIP COD	hlahd Av.21
14. F/	Thomas Ed	Win Dodson,		MIDDLE	Neitžel
	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIAL SEC (E WAR OR DATES) 213-01	urity no. 17 Informant Bat -2943 Marie C.	timore, address Md Dodson-415 N.	Highland A
	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIA)	12 1 1 1 1	Correry Oco	lunia	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA MILLENCES
1	Canditions, if any, which	DUE TO, OR AS A CONSEOU	JENCE OF		you
16	gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CON JEOU	JENCE OF Gruphype	rend	yen
ATION	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION G	VEN IN PART 110
RTIFICATI	190 DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATION WAS PERFORMED	IN CERT	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES NO
0 8	21g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART : OR PART 2)
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE.	FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	saw the deceased alive an	tol) oxended the deceased from.	XIII	death occurred an the date and ha	19 that (It (we)

MEDICAL STAFF
DIRECTOR PHYSICIAN

ATTENDING PHYSICIAN

TO FUNERAL DIRE should be detached with the State Dept IMPORTANT. IF He 22e ADDRESS 23d LOCATION CHYPRIOWN CEMPETERY-Baltimore, Mat. 230 BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY Burial 10/30/85 Gardens of Faith OOO E. Baltimore St.; Balto., Md. 21224. OCT 29 985

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO HOSPITAL

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289084		STATE OF MARYLAND 1- STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 5 2 7 1 1 1									
1111/			REGISTRAR RICHARD C. DOROPIEWSERTIFICATE OF DEATH REG. NO.								
471			CEASED NAME FIRST	MIDDLE	1 0	AST	20 DATE OF DEATH	MONIH DAY YEAR	2b. HOUR		
	noy be		Rich	and C. DOROPIEWICH			OCTOBER	11.1985	11:45 AM		
	OE 00 5	3. SEX		4. RACE	5. DATE C		6 AGE (IN YEARS LAST BIR	THOAY) IF UNDER I YEAR	IF UNDER 24 HRS		
	o o		mare	WHITE DEC 2 1929			ST YRS MONTHS DAYS HOURS MIN.				
	11	70. BIRTHPLACE (STATE OF FOREIGN		76 CITIZEN OF WHAT COUN	RY? 8	NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH				
	A HOL	1	Mo.	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)							
		10 CI	TY OR TOWN OF DEATH								
10	11 73		BAltimore	and the state of t		neral Horald	MAINTEN	Co.	C FACTORY		
212	o P P		TATE 13b. COLI	ROTHER INSTITUTION, GIVE RESIDENCE	EFORE ADMISSION)	13d. INSIDE CHY LIMITS?					
AND	Filled ST	mi	levland -		IMORE	YES NO	1.5	WSPIA ST. O	21225		
RYL	efely d 2 sh	14 FA	THER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN N		c LA			
A .			Peter	DOROPIENICH		501	à DWOKL	147116-	31		
BALTIMORE, MARYLAND 2120	n ond co			RMED FORCES? 166 SOCIAL S	SECURITY NO.	17_INFORMANT	ADDR	35 Beach	and Aug		
IIWO	Poor Poor		laren III	GEAN ST-8	6-5497	HELENA .	A D MA D B	ALTIMORE M	5 71936		
BAL	ofe ysicio yol.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per line for (o), (b	, and ichi			BETWEEN	MATE INTERVAL ONSET AND DEATH		
	a phr on p emo even			TE CAUSE (0) SAR &		NARY ARI	429				
20	th cerrith corbo		DUE TO, OR AS A CONSEQUENCE OF								
EST	e death ce ottendin nove corb notion, or i		Conditions, if ony, which gove rise to immediate	(b) Secon	Yeak	BILIARDS/ CI	ir k hosis				
W. PRESTON ST.	th er	-	couse (o), stoting the	DUE TO, OR AS A CONSI	OUENCE OF						
201 V	d by lease iol, cr		underlying couse lost.	(c)							
15, 2	signer hen pl o buri	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TER	RMINAL DISEASE OR CON	DITION GIVEN IN PART 1	0		
DIVISION OF VITAL RECORDS,	rec	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WE	HIGH OPERATIO	ALIMAS DEBLORAS	20a AUTOPSY?	20b. IF YES, WERE FINDI	Nos Vess		
REC	n. n. perm perm ins or	FIC.	THE DATE OF OPERATION	178 CONDITION FOR WE	TICH OFERATIO	WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?				
ITAL ;	E 0 0 /	ERT	710. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		1216 HOW INTURY OCCI	JRRED (ENTER NATURE OF INJUI	YES TO BEAUTY OR BART IN	NO 🗆		
> 7	ng physici certificate viol-tronsi entol Hygi frem 18 sh	-	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	The result is sold of section	CENTER WATORE OF INJUR	THE TEM IS PART TORPART 2)			
N	HYSIC Iding Iding Duriol Mente or Hen	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M. 21e PLACE OF INJURY	19	211 LOCATION					
/ISIG	the the ond ced c	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OF	FICE, FARM ETC)	STREET	CITY OR TO	WN COUNTY	STATE		
۵	Afte oor oor oor oor oor oor oor oor oor oor		22a.1 certify that (I) (this hosp	ital) attended the deceased fr	nm 91	19 10 80	5 10 10 11	19 85	that (I) (we) last		
	TOR: of He		sow the deceased alive on	10/11	0	d that in (my) (our) opinio	n death accurred on the de		((
	OK AI be hosp DIRECT sched fo Dept. o		22b. SIGNATURE	ot) view the body ofter death.		DEGREE		22¢ DATE	SIGNED		
			Hand	RO. ander n	n	ATTENDING PHYSICIAN	MEDICAL STAI		11 1985		
	FUNER WILL BE ORTAN		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	11	22e ADDRESS		1000			
			HARCEN	Blumony had in	n'	1008	F. HARRIEL	ex Britis	SCICAM 9x		
6	5 5 5 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8		URIAL, CREMATION, REMOVAL		23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION	21 /001141101	- 111 0 100		
	BP	(BURIAL	10/14/85	HOLY (POSS CEM.	BEOOKE	YA) AA	IX O		
DH	DHMH - 16 50M 1/81	24 FL	INERAL DIRECTOR		RITCHI	- 41 250 D	ATE REC'D. BY REGISTRAR	256. REGISTRAR'S SIGNA	TURE		
	(VRA 15, 4)	(%	EDRGE GONG	E BALTIN	100-	D SIESE N	CT 4 4 100E	gulia Davidson	Bodell.		

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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

-1	/	REGISTRAR				CERTIF	ICAIL OF DEAL	n	REG. NO	D.			
1		CEASED NAME	FIRST		AIDDLE	l	AST		20. DATE OF DEATH	MONTH 0	DAY YEAR	26. HOUR	
V	(TYPE	OR PRINT)	Shirley	7	Lee	Doro	witch		October 16	, 198	5	, M	
,	3. SEX	<	4.	RACE		S. DATE C			6. AGE (IN YEARS LAST BIR		FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN.	
	90	Female		White		July	9, 1949	EAR	36	YRS.	DATS	TIOOKS MAIN.	
0		RTHPLACE (STATE OF	R FOREIGN 7	CITIZEN OF	WHAT COUNTRY?	8 MARDIE	D NEVER MARRI	IED IX	9. BALTIMORE CITY O	R COUNTY	OF DEATH		
7		Maryland	-	U.S.A		WIDOWE			Baltimore	City		MD	
/						R OTHER INSTITUTION		120. USUAL OCCUPATI	12b. KIND OF BUSINESS OR INDUSTRY				
	1	Baltimore	H	rancis	Scott Ke	ey Med	dical Cent	er	Disabeled		, III OOTKI		
2	13a S	AL RESIDENCE IN NUI	134 COUNT	Υ	GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIA	MITS?	13e STREET ADDRESS	ZIP CODE			
1	Ma	ryland	Baltin	nore	Dundalk		YES NO		102 Avon	ve. 2	1222		
2	1	THER'S NAME	MI	DOLE	LAST		15. MOTHER'S MAIL		WIOOFE		LAS	ST	
14	A	lec			rowitch,	Sr.	Isabell	.e		Wolfe			
2/160	160 W	WAS DECEASED EVER IN U.S. ARMED FORCES? LYES, NO OR UNKNOWN) (IF YES, GIVE WAR OR OATES)			166 SOCIAL SECU	RITY NO.	17. INFORMANT ADDRESS						
	N	0		215-60-3	3225	Alec Doro	Alec Dorowitch, Sr. 102 Avor			1 Ave. 21222			
		18 CAUSE OF DEA	TH (Enter only	one couse per	line for (a), (b), one	d (c).)					BETWEEN	ONSET AND DEATH	
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) CARDIO PULMONARY ARREST											
		DUE TO, OR AS A CONSEQUENCE OF											
		Conditions, if ony, which (16) SEIZURE DISORDER											
		gave rise to in cause (a), stat		DUE TO OF	R AS A CONSEQUE				0				
		underlying couse lost DUE TO, OR AS A CONSEQUENCE OF CEREBRAL PALSY											
	_	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN P.									N IN PART 1	a.	
	CERTIFICATION	/											
1	CAI	190 DATE OF OPERATION		196. CONDI	196. CONDITION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?					
	TIE									YES NO YES NO			
MEDICAL CE		21g. ACCIDENT WAS U		HOUR A.	FINJURY M. MONTH DA	AY YEAR	21c. HOW INJURY	OCCURRE	ED (ENTER NATURE OF INJUI	TY IN ITEM 18 PA	RT OR PART 2		
	CAL	OR CONTRIBUTING CAUSE OF DEATH			P.M. 19								
	EDI			21e PLACE O			211 LOCATION STREET			TOWN COUNTY STATE			
	2	WHILE NOT WHILE AT WORK			need, PACIONE, OFFICE, PANIS, CIC.)			~-	3			- 4	
											that (I) (we) last		
		sow the deceased alive on									couses stated		
		226 SIGNATURE DEGREE								22c DATE	SIGNED		
		Savender le Julies MD ATTENDING MEDICAL STAFF PHYSICIAN & DIRECTOR PHYSICIAN											
		224 PHYSICIAN'S	AME (TYPE OR I				22e ADDRESS					0	
		SAVIN	DER	K	JULKA		2900	DU	MRAN R	OAD	MD	21222	
	23a B	BURIAL, CREMATION	I, REMOVAL	23b. DATE	23c. N	NAME OF C	EMETERY OR CREM	ATORY	23d. LOCATION CITY OF TOWN		COUNTY	STATE	
	(Burial		Oct.21	,1985 Sac	red H	leart of J	esus	Baltimore	1	Maryla		

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR Duda-Ruck Funeral Home of Dundalk, Inc.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE OCT 21 1985

AT DESCRIPTION

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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)	2	
8		

1	REGISTRAR			ALL OF BEALL	REG. NO).	
4	T DECEASED NAME FIRST	MIDDLE	LAST		20 DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
	(TYPE OR PRINT) Rut	th m	0	ursex	10-6-	-85	6:46 M
1	3. SEX	4 RACE	S. DATE OF E		6 AGE IN YEARS LAST BIRT		
	Female	Black	MONTH 5	21 16	69	YRS	DAYS HOURS MIN.
-	FO BIRTHPLACE (STATE OF FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MAPPIED V	NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF DEA	тн
	Md.	U.S.A.	WIDOWED [DIVORCED [Baltimore		MD.
	10 CITY OR TOWN OF DEATH Baltimore	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET, 1216 N. Bental	ou St.	OTHER INSTITUTION	128 USUAL OCCUPATION OF WORK FOR MOST OF SCHOOL TE	WORKING LIFE INDL	KIND OF BUSINESS OR USTRY
100	ISUAL RESIDENCE (IF NURSING HOME OF 136. STATE 136 COUN Md.		N 13	INSIDE CITY LIMITS?	130 STREET ADDRESS / 1216 n. Be	ZIP CODE entalou St	t. 21216
	Joseph	Mason Mason	15	MOTHER'S MAIDEN NA	ME	В	olling
	160 WAS DECEASED EVER IN U.S. AR	RMED FORCES? 16b. SOCIAL SECU 444-26-3		James T. Do:	ADDRES	ame	
	gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO E	DEATH BUT NO		NINAL DISEASE OR COND	DITION GIVEN IN PA	
) H		O'ENAMO!!	AS TEM OWNED	YES T NOT		AUSES OF DEATH?
	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	YEAR 19	It. HOW INJURY OCCUR			
	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE F.		II LOCATION STREET	CITY OR TOW	wn coni	NTY STATE
	saw the deceased alive an	Help attended the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19		that in (my) (aur) apinian	,		that (I) (we) last om the causes stated DATE SIGNED
	Jane	cel Luna	per ?	ATTENDING	MEDICAL STAF	F .	0 - 6 - 85
	Lucius Lucius	W. Leeper	2	7131 Libe	erty Kd. 11	NOA	
	230 BURIAL, CREMATION, REMOVAL	. 23b. DATE 23c N	AME OF CEM	ETERY OR CREMATORY	23d LOCATION	COUNTY	y STATE
	Removal	10/6/85					
4	24 FUNERAL DIRECTOR			25a DAT	E REC'D BY REGISTRAR	75h DECISTRAP'S C	GNATHE 1.00

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

State Anatomy Board

655 W. Baltimore St.

OCT

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						SIAI	E UF MAKTLA	MD	A	4.	13 7	1 2	i
	1 - STATE SECULTARY DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH											0	4
		REGISTRAR				CERTIF	ICATE OF D	EATH	DEC	G. NO.			3
Н		CEASED NAME	FIRST		MIDDLE	1	AST		20 DATE OF DEAT		DAY YEAR	26 HOUR	?
	(1AbF	OR PRINT)	WILLI	AM	ADDISON	D	ORSEY		OCTOBE	R 31.	1985	12:0	4 m
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		ARYLANI	0	U.	.S .A.	WIDOWE		ORCED		MORE (MD.
gh.	10 CI	TY OR TOWN OF DEA	TH		HOSPITAL, NURSIN		OR OTHER INST	ITUTION	120 USUAL OCCU			OF BUSINES	SS OR
and a		ALTIMORE			DICAL CE		BALTI	MORE	MILK MA	N	SEAL	EST [DAIR
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ALC: N		THEODORE			DORSE			OSETTA	A			ISON	324
1		VAS DECEASED EVER		WAR OR DATES	166 SOCIAL SECU		17 INFORMA				ONGWOO		
		YES	WW	H	213 03	2026	SHIRL	EY LYL	LES BALT	IMORE		21216	
		18 CAUSE OF DEAT	H (Enter an	y ane cause pe	r line far (a), (b), and	e far (a), (b), and (c+1)					APPRO BETWEEN	XIMATE INTERV	EATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARDIORESPIRATORY ARREST											
		DUE TO, OR AS A CONSEQUENCE OF											
1		Conditions, if any, which () METASTATIC CA OF PROSTATE											
		gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF								311			
		underlying couse	lost.		CEREBROY		LAR A	CCIDEN	IT				
	7	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN								SIVEN IN PART 1	Ia		
	CERTIFICATION			Tre com				Tan	Lan. ir i	155 Jule 25 5 to 15	hima		
1	FICA	19a DATE OF OPERAT	ION	196 COND	196. CONDITION FOR WHICH OPERATION WAS PERFORMED			RMED	200 AUTOPSY?	IN CER	res, were find Tifying cause		
	RTI		-						YES NO YES NO				
2		21a ACCIDENT WAS UNE		1	OF INJURY .M. MONTH DAY YEAR 21c. HOW INJURY OCCURR			ED (ENTER NATURE O	FINJURY IN ITEM I	B PART OR PART 2)			
	CAI	(IF EITHER NOTIFY MEDI	CAL EXAMINER	Р	.м.	19							
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		AT WORK AT WO	RK L										
		220 I certify that (28					11,	. 19.8.5	-, to - 0 c t		19.85	, that 🗶 (w	
		saw the decease abave, 🔀 (we) (c	ed alive an . lid) (di gniy i	view the bady	after death.	85_, ar	nd that in (My)	(aur) apinian d	leoth accurred on t	he date and h	aur and fram the	e causes stat	ed
		226 SIGNATURE		11	17		DEGREE	TIENDING	MEDICAL	STAFF	22c DAT	ESIGNED	
	90	Wal	<u></u>	4.1	Mile			TTENDING HYSICIAN	MEDICAL DIRECTOR PH	STAFF	11/	1/85	
1		224 PHYSICIAN'S NA			0 -		22e ADDRES	S					
		WILL	-14 m	١ ١.	r. ST	ادر	390		h Raven		Balti	more	Md
		URIAL, CREMATION,		236 DATE			EMETERY OR C		23d LOCATION		COUNTY	ST	ATE
		BUKIA		11/0			on Fore	st Vetera		ĭmore		Maryla	and
		IDET CHE SO SC						25a. DATE	REC'D. BY REGIST	RAR 266 REGI	STRAR'S SIGNA	URE.	1
	25	01 Gwynns	Falls	Pkwy.	Baltimore	, Md.	21216	INOV	06 1985	المشرع ا	A COLUMN TO STATE OF THE STATE	Ç.	1

DHMH - 16 60M 7/84 (VRA 15, 4)

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 289081 MEDICAL EXAMINER'S CERTIFICATE KNOWN NONTH 2b. HOUR CHIM DO MINTE DOST LOUISE Μ. 10-10-85 DEATH MATED SEX 4: RACE 5. DATE OF BIRTH 6 AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE 2d HOUR LAST BIRTHDAY) PRONOUNCED Jan. 26, 1904 White 81 10-10-85 12:50 Female DEAD Th. CITIZEN OF WHAT COUNTRY? A BRITHPLACE ISLANCE 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X Maryland U.S.A. Baltimore City WIDOWED DIVORCED IE CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK US KIND OF BUSINESS FOR MOST OF WORKING LIFE) Baltimore Northbend St. (in front of Retired Secretary Insurance USUAL RESIDENCE (# IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSIONAL Apt. D 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 30 STATE Baltimore 411 North Bend Road Maryland 21229 NO [A FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST John Viereck Louis Minnie Dost 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO A23ESBrookebury Drive (YES, NO, OR UNKNOWN) 215-07-8363 Vernon J. Albrecht Reisterstown, MD. 21136 No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Arteriosclerotic cardiovacular disease IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES | NOXX 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY LATHOME 211. LOCATION 214. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET AT WORK AT WORK CITY OR TOWN COUNTY STATE Inspection 220 I certify that I taak charge of the remains described above, held an Natural causes Hamicide Undetermined manner TITLE (SPECIFY) Assistant MEDICAL EXAMINER 10-10-85 EXAMINER'S NAME Margarita A. Korell.M.D. 111 Penn Street Baltimore, MD. TYPE OR PRINT ADDRESS 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Buria1 10/14/85 Loudon Park Cemetery Baltimore Maryland 07/84 25M Leroy M. & Russell C. Wistzke Funeral Homes P.A. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** 1630 Edmondson Avenue, Catonsville, MD. 21228 (VR A15 ME (5))

STATE OF MARYLAND

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, N

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

21/8.

BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

-		KEO IO TIKTIK								REG. NO.				
П		EASED NAME	FIRST	-	AIDDLE		AST		20. DATE OF	DEATH MONTH	DAY	YEAR	2b. HOU	JR
U	TYPE	OR PRINT)	MARY	ROS	SE	DOU	GHERTY	V	10	10	23	85	2::	10P _M
	3. SEX			RACE	1	S. DATE (6. AGE (IN YEA	ARS LAST BIRTHDAY)		ER 1 YEAR	IF UNDER	
4		Fel	male	u	hite	MONT	J DAY	YEAR 13	12	YR:	MONTHS	DAYS	HOURS	MIN,
-			OR FOREIGN	L CITIZEN OF	WHAT COUN				9. BALTIMOR	E CITY OR COUN		EATH		
5		irginia		us	A	MARRIE		VORCED	Ba	Ltimor	Re C	CITY		MD.
10		TY OR TOWN OF	EATH			URSING HOME (OR OTHER INS	ITUTION	120 USUAL O	CCUPATION FOR MOST OF WORKING			F BUSINE	ESS OR
(P	altimo	re.	St.	Agni	ens Has	pital		SIST	EK	G LIFE) IN	DUSTRY		
100	USUA 13a S	L RESIDENCE IF N	URSING HOME OR				113d. INSIDE C	ITV I IAA ITCO	112 STREET A	DDRESS / ZIP CO	DE			
1	150 5	mo.	HARD TO A CONTROL	mentandang.	13c. CITY OF	Himon	YES T	NO [s. cato		10.	2	122
		THER'S NAME		-			15. MOTHER	S MAIDEN NAM						
7		Lawrence		J.	Dough	herty	Mary	FIRST	1	Rose	T	Powe.	וו	
7	16a W	AS DECEASED EV	ER IN U.S. ARA	AED FORCES?	16h SOCIAL	SECURITY NO.	17 INFORMA	NT		ADDRESS		. Ovvc.	hh	
	{ Y	ES, NO OR UNKNOWN		WAR OR DATES)	215	51 61	1		30.5	000 0	0.1			21 220
	-	NO				39 880	7 Sr. F	ileen L	onognu	e 900 S.	Cato	On AV	/e. /	21229
	>	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I, DEATH WAS CAUSED BY:											MATE INTER	
		OSS MAMEDIATE CAUSE (0) CAPCUCC GIVEST										20 min		
		DUE TO, OR AS A CONSEQUENCE OF												
		Conditions, if any, which (b) Respiratory arest 30Min									5			
		gove rise to immediate couse (a), stating the DUETO, OR AS A CONSEQUENCE OF												
		underlying couse lost 10 possible MF or Pulmanary Embrlus												
		PART 2. OTHER S	GNIFICANTO	ONDITIONS CO	ONTRIBUTIN	G TO DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE	OR CONDITION	GIVEN IN	PART 10	0	
	CERTIFICATION		_											
7	AT	19a DATE OF OPE	RATION	19b. COND	TION FOR W	VHICH OPERATIO	WAS BERFC	RMED	200 AUTOF		YES, WER			
1	Ē	10-16	-85	Let	t fem	ropul p	THE TV	acture	YES 🗍	NOU	YES	CAUSES	NO [
5	CER	210. ACCIDENT WAS	UNDERLYING	216. TIME O			21c HOW IN	JURY OCCURR	RED (ENTER NATE	JRE OF INJURY IN ITEM	18 PART 1 O	RPART 2}		
		OR CONTRIBUTING	_	HOUR A.	10/	15/85 19								
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			WORK		ibrar	10.		N C		10 - 23		-	- 0	
	2	220 I certify that	(I) Whis hospit	of offended the		car	nd that in (my)	10	to to				that (1) (
		obove, (I) (we) (did) (did not	view the body	ofter death.	19			0110111	on the date and				
		226. SIGNATURE	3				DECIMIDA	NDMO	TEMEDICAL DIRECTOR	AL EXAMINATE	2	2c. DATE	SIGNED	W.
	1	8	Meni	se Wu	bu	0	punciel	enagh do	DIRECTOR	PHYSICIAN		10/	23/5	75
		22d. PHYSICIAN'S	NAME (TYPE OF				22e ADDRES	5			10.50			10
)	DENO	E WI	tus	mo	Sr	Agnes	Huspi-	tal -	900	5.0	Citor	1 Auc
		URIAL, CREMATIO	N, REMOVAL	23b. DATE	11.	23c. NAME OF C			23d. LOCAT			LITY		ETATE
	B	ÜÄÏAL		10/26	/85	St.Josep	h Prove	encial	Emmit	sburg, Fr	reder	ick	Mar	yland

DHMH - 16 60M 7/B4 (VRA 15, 4) 24. FUNERAL DIRECTOR

Hubbard Funeral Home, Inc. 4107 Wilkens Avenue

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a transfer of the state of		

FOR STATE REGISTRAR

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending phy should be detached for use as the buriol-transit permit. Then please remove corbanipa with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remay IMPORTANT. If them 21 is morked or them 18 show

TENDING PHYSICIAN. The low

TO HOSPITAL

DHMH - 16 60M 7/84 (VRA 15, 4)

W.C.MARCH F/H CO,

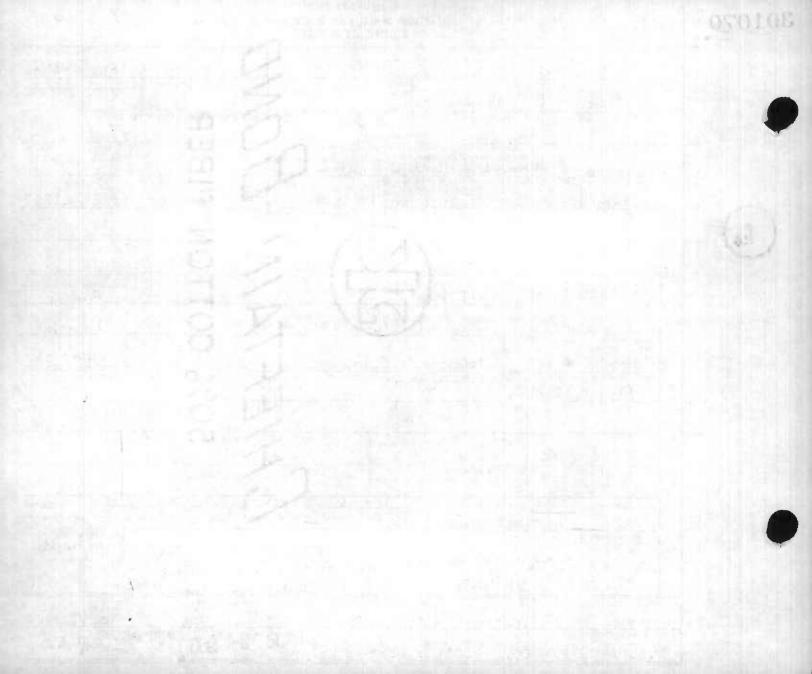
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

i	5	2	7	1	3	

						REG. NO).			
	CEASED NAME FIRST	MIDDLE		AST		20 DATE OF DEATH	MONTH C	AY YEAR	2h HOUR	
1111	James	1/	Do	udes		NUMBER OF STREET	10 20	23 0	913	AM
3. SE		1 RACE	5. DATE C	A		6. AGE TIN YEARS LAST BIRT		IF UNDER I YEAR	IF UNDER 24	_
			MONTH		YEAR	0.7102 111121101101010101		ONTHS DAYS		MIN.
	Male	Black	6	. 16	11.	74	YRS			
	COUNTRY	TO CITIZEN OF WHAT CO	UNTRY? 8	D NEVER M	ARRIED T	9 BALTIMORE CITY O	R COUNTY	OF DEATH		
	J.C	U.S.A.	WIDOWE		ORCED	BALTIMOR	E CT	rv		MD.
		11. NAME OF HOSPITAL,	NURSING HOME C			120 USUAL OCCUPATION			F BUSINESS	
17	3004	University of	n. 1 1 /	1	1: 3:	(TYPE OF WORK FOR MOST OF	WORKING LIFE	INDUSTRY		
USU	PAL RESIDENCE I IF HURSING ROME OR		VCE BEFORE ADMISSIONI	Spira						_
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	Maryland -	Bal	timore	-47	NO 🗌	2619 Fran	cis :	Street	212	17
14. F.	ATHER'S NAME	AIDDLE	LAST	15 MOTHER'S	MAIDEN NAA	ME		145	7	
				Salli		Mode		Smith	1	
	WAS DECEASED EVER IN U.S. ARA		AL SECURITY NO.	17. INFORMAN		ADDRE	SS			
		WAR OR DATES)	00 2250	7 7 7 7 7	io Do	ouglas 26	10 F	rancis	· C+	
H	10		-09-2359	Ani	ite be	ougras 20	IJ F.			_
	18 CAUSE OF DEATH (Enter online PART I. DEATH WAS CAUSED	BY.	1 0 3					_	MATE INTERVA	ATH
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		DUE TO, OR AS A CO	NSEQUENCE OF							
	Canditions, if any, which	(16) Duod	enal ula	Y				11/1	nonth	
	gove rise to immediate couse (0), stating the	2015 10 00 15 1 50	NISEQUENCE OF			Note to the state of the state				
	underlying couse last	DUE TO, OR AS A CO	ma with	coaguls p	athy			14	ear	
	PART 2 OTHER SIGNIFICANT C					IN AL DISEASE OR COM	NITION CIVE	1 1 1 D 1 D 1 D 1		_
z	M	1	NO TO DEATH BOT	NOT KELATED	O THE TERMI	INAL DISEASE OR CONL	ITION GIVE	N IN PAKE HE)	
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	DANIEL OFFRATIO	A LANGE BEREOF	1150	In autonova	Tank to vec	were com		
2	196 DATE OF OPERATION	140 CONDITION FOR	WHICH OPERATIO	N WAS PERFOR	WED	200 AUTOPSY?		WERE FINDING CAUSES		
E			III III		1000	YES NO	YES		NO 🗌	
W	210 ACCIDENT WAS UNDERLYING	HOUR A.M. MON	ITH DAY YEAR	21c HOW INJ	URY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PA	RT OR PART 2)		
¥	OR CONTRIBUTING CAUSE OF DEAT	P.M.	19							
MEDICAL	21d INJURY OCCURRED	210 PLACE OF INJURY		211 LOCATIO	V					
X	WHILE NOT WHILE	(AT HOME STREET, FACTOR)	r. OFFICE, FARM ETC)	STREET		CITY OR TOV	VN	COUNTY	STAT	Ė
	AT WORK AT WORK		112		10 55		24	6.		_
	22a I certify that (1) (this hospital saw the deceased alive on	- 10 - 70					20 1		that (I) (we)	
	above, (1) (we) (did) (did nat	view the body after deat	h. , 01	64	our) opinion o	leath occurred on the do	te and hour	and from the	causes state	d
	226 SIGNATURE	111		DEGREE				22c. DATE	1 1	,
	Xuaneli	allind		A1 P	TENDING HYSICIAN	MEDICAL STAF		101	120/83	
1	226. PHYSICIAN'S NAME LEVE OR	PRINT		22e ADDRESS		Greene Stre				
	Sina	Bhallmi			_	more, md.		1		
22-	DINDIAL COSMATISH STATE	In our	122 11445	FARTER: DO			4 20			
	BURIAL, CREMATION, REMOVAL (SPECIFY)	23b. DATE	230 NAME OF C	EMETERY OR C	REMATORY	23d LOCATION CITY OF TOWN		COUNTY	STAT	E
	BURTAL	10-25-85	ARBU	rus		Arbutus			land	
24 F	UNERAL DIRECTOR			244	250 PANE	PECID BY REGISTRAR	25 REGISTR	AR'S SIGNATI	URE	

North Ave.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG NO I. DECEASED NAME O DATE KNOWN X (TYPE OR PRINT) DEATH MATED Josephine 10/15/19 85 DOW 4 RACE IF UNDER 1 YR IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED BLACK 2/15/1928 DEAD 10/ 15/9 85 TO BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY Baltimore City, Marvland U.S.A. WIDOWED [D CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
1100 Block Hilton Parkway FOR MOST OF WORKING LIFE) Baltimore cafeteria mgr. Balt.Sch. AL RESIDENCE HE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION HJL COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Md. A.A. Co. Severn NOXX 8206 Durness FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Roy Russell Mary Green 166 SOCIAL SECURITY NO. 17. INFORMANT I. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS ES. NO. OR UNKNOWN) I HE YES, GIVE WAR OR DATES! 214-24-6403 Julius L. Dow same as 13e. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple Injuries IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) NARDED TO THE CHIEF N AGE 3 SHOULD BE USED A TATE DEPARTMENT OF HEA 1201 PRORTO BURIAL, C 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO F 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR TO MONTH DAY YEAR UNDERLYING WOR 10/15/19 85 subject driver in multiple auto collision CONTRIBUTING CAUSE OF DEATH 3: 45 P.M. 214 INJURY OCCURRED 21e PLACE OF INJURY TATHOME 21f LOCATION WHILE AT WORK 1100 Blk. Hilton Parkway, Balto. City, Md. roadway PAGE 4 SHO LID BEFORM TO FUNERAL DIRECTOR: 7/ AFTER DEATH WITH THEST, BALTIMORE, MAP LEND 22e. I certify that I taak charge of the remains this fixed above, held an Inspection and in my opinion death resulted from: Natural couses Suicide Homicide Undetermined monner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 10/16/85 DATE SIGNATURE. EXAMINER'S NAME Gregory R. Kauffman, M.D. ADDRESS 111 Penn St. 230 BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial 10/19/85 Glen Haven Cemeterv Glen Burnie A.A. 07/84 25M 24 FUNERAL DIRECTOR DHMH - 17 ADDRESS 2 Ridgely Ave. Hardestv Funeral Home (VR A15 ME (5))

(VR A 15 (4))

STATE OF MARYLAND

CELLIDE.

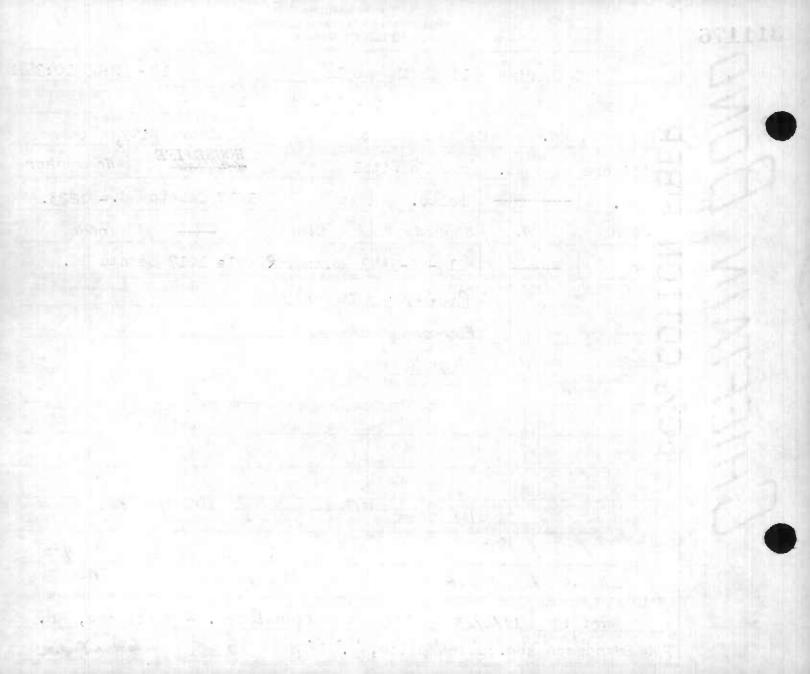
BALTIMORE CITY

ALTIMORE SAINT NAMES HOSPITAL

- Intent

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000 S. CATO AVE- DATO, NO 21229



	FOR 1 - STATE			STATE OF MARYLAND ENT OF HEALTH AND MENTAL HYC	GIENE 8 5 2	1188		
283017	REGISTRAR		j	CERTIFICATE OF DEATH	REG. NO.			
	DECEASED NAME	FIRST	WIDDIE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR		
poge 3	Nancy			Doyle	10/6/1703	12 M		
te d	3 SEX	4 RACE		5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAS BIRTHDAY)	MONTHS DAYS HOURS MIN.		
adirector p	Female	Whit		08/08/97	88 YRS			
E 22 E	To BIRTHPLACE (STATE OR COUNTRY)		WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	-11		
he funeral within 72 Lied of end	Maryland 10 CITY OR TOWN OF DE.	USA ATH 11. NAME OF		HOME OR OTHER INSTITUTION	Baltimore	MD.		
by the filled wi	Baltimore	(IF NOT IN SUC	n Memori	DDRESS)	(TYPE OF WORK FOR MOST OF WORKING LII Homemaker			
2 5 0	USUAL RESIDENCE (IF NUR.	13b COUNTY	GIVE RESIDENCE BEFORE A	DMISSION) 1 13d. INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CODE			
fille aulo	Md	Balto.City	Baltimor		4132 Falls Roa			
	14 FATHER'S NAME	MIDDLE.	LAST	15. MOTHER'S MAIDEN NA	WE	LAST		
CO THE WAY	Patrick Jen			Mar		[ASI		
*国制度	160 WAS DECEASED EVER	IN U.S. ARMED FORCES? (IF YES GIVE WAR OR DATES)	166 SOCIAL SECUR	ITY NO. 17 INFORMANT BA	lto., Md A21201			
12 1	NO.	(IF IES GIVE WAR ON DATES)	214 20 7		ieso 1100 One Cha	arles Center Bld		
physical physical pooping mayal.	18 CAUSE OF DEAT PART I. DEATH V		Congest	The Heart Fully		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
certing prices		IMMEDIATE CAUSE (a)		0 - 1100 - 1000 -0				
tend re ca an, o	Conditions, if any	DUE TO, O	S A CONSEQUEN	ICE CARDIAZ AGI	24.ST			
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equires n signe ta bur njury.		NOTICE ONDITIONS CO	DNTRIBUTING TO DE	ATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIV	/EN IN PART I a		
an. has been permit ene prior	190 DATE OF OPERA	TION 196 COND	ITION FOR WHICH C	PERATION WAS PERFORMED	IN CERTIL	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \(\text{NO} \)		
N. The hysician ransit pransit	210 ACCIDENT WAS UN	the state of		21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)		
Sicial og phoen og ph		CAUSE OF DEATH	M. MONTH DAY M.	YEAR				
HYS bu	(IF EITHER NOTIFY MED 21d INJURY OCCUR	RED 21e PLACE	OF INJURY	21f LOCATION	CITY OR TOWN	COUNTY STATE		
dG Place of the state of the st	WHILE NOT W	HILE	GET FACTORY, OFFICE FAR	M EIC	- 1.11	فهريها		
A A A A A A A A A A A A A A A A A A A	270 I certify that (f	(this haspital) arrended	e deceased from	29/21 19 80)	19		
TTEP pritol CTOP for of H	above to we	ed alive and	ofter death,	, and that in (my) (our) apinian	death accurred an the date and have	and from the causes stated		
TAL On AIT RAL DIRECT detoched to note Dept of	27h GREVER	916 /Ma	Ken MI	DEGREE ATTENDING PHYSICIAN (MEDICAL STAFF DIRECTOR PHYSICIAN	The DATE SCALE		
TO HOSPITAL TO FUNERAL should be det with the Store	III PHISE BASA	THIN	URRAV	120 ADDRESS	ma maxeines /	W to		
Od Od W	22- PUPIAL CREWATION	1111	4711	W/S/O/S	123d LOCATION	Spillic		
ВР	230 BURIAL, CREMATION, (SPECIFY) Burial	TEMOVAL PUR DATE	4 /	w Cathedral Cem	Baltimore, Man	county State ryland		

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

Burgee-Henss Funeral Home, 3631 Falls Rd 21211

250. DATE REC'D. BY REGISTRAR 25% REGISTRAR'S SIGNATURE



FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR				CERTIF	ICATE OF DEATH	REG.	NO.		Ted-	
DECEASED NAME	FIRST	٨	AIDDLE	· ·	AST	20 DATE OF DEATH	MONTH E	DAY YEAR	2b. HOUR	
JANE		CAROL	INE	DRY	ER	OCTOBER 2.	1985		м	
SEX	4	RACE		5 DATE C		6. AGE (IN YEARS LAST !		IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.	
FEMALE		CAUCAS:	IAN	FEB.	181919 YEAR	66	YRS.		MIN.	
BIRTHPLACE (STATE OR	FOREIGN 7		WHAT COUNTRY?	8 MADDIE	NEVER MARRIED	9 BALTIMORE CITY	_	OF DEATH		
MARYLAND		U.S.A.				BALTIMORE	CITY,		MD.	
CITY OR TOWN OF DEA	ATH 1		OR OTHER INSTITUTION	12a USUAL OCCUPA			F BUSINESS OR			
BALTIMORE		3253 E.	"BALTIMO	RE ST	REET	WAITRESS	OF WORKING EIRE	RESTAI	URANT	
SUAL RESIDENCE (# NURS	ING HOME OF O		GIVE RESIDENCE BEFORE		1 13d INSIDE CITY LIMITS?	13e.STREET ADDRESS	7 7IP CODE			
MD.			BALTIMOR		YES X NO		ALTIMOR		1224	
FATHER'S NAME		IDDIE	LAST		15. MOTHER'S MAIDEN NA	ME MIDDLE				
JOHN	, m		DRACZ		CATHERINE	MIDDLE		?		
WAS DECEASED EVER			166. SOCIAL SECU	RITY NO.	17 INFORMANT	ADD	RESS			
(YES, NO OR UNKNOWN)	WAR OR DATES)	219/07/4	888	GEORGE J. DRYER 3253 E. BALTIMORE ST.						
IS CAUSE OF DEAT			line for (a), (b), and					APPROXI BETWEEN C	MATE INTERVAL ONSET AND DEATH	
PART I. DEATH W	AS CAUSED IMMEDIATE		Cerp	eno.	Venerica ;	Heerent	rel			
		DUE TO OF	R AS A CONSEQUE	NCE OF			0	HE R		
Conditions, if ony,		(1b)	Hype	Hypertenano Heart Disease						
gave rise to imr		DUE TO OF	R AS A CONSEQUE	NCE OF						
underlying couse	lost	(Ic)		1100 01						
PART 2 OTHER SIGN	NIFICANT CO	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CO	NDITION GIVE	EN IN PART 110		
O 190 DATE OF OPERA										
19a DATE OF OPERA	TION	196. CONDITION FOR WHICH OPERATIO			N WAS PERFORMED			WERE FINDINGS USED ING CAUSES OF DEATH?		
210. ACCIDENT WAS UNI						YES NO		s 🗍	NO [
		216. TIME O	FINJURY M. MONTH DA	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM TB PA	ART I OR PART 2)	100.1	
OR CONTRIBUTING (IF EITHER, NOTIFY MEDI		P./		19						
(IF EITHER, NOTIFY MEDI 21d, INJURY OCCUR	RED	21e. PLACE	OF INJURY	DAL 525 \	211 LOCATION	CITY OR	IOWN	COUNTY	STATE	
WHILE NOT WE AT WO	RK	(AI HOME, SIR	EET, FACTORY, OFFICE, FA	ARM, ETC)		1				
22a I certify that (I)	(Ilms heapito	I) ghtended the	edeceased from	de	19 198.	3, 10 Jep :	26	19 83	that (1) (ve) lost	
sow the decease abave, (1) (we) (c		Jew the hody	atter death	5,60	nd that in (my) (our) apinion	death occurred on the	date and hour	and from the	causes stated	
226. SIGNATURE	7 (0.0 1.0)	,			DEGREE			22c. DATE	SIGNED	
Liken	uni	5.	ancie	D	ATTENDING PHYSICIAN	MEDICAL ST	AFF SICIAN []			
224 PHYSICIAN'S N	AME (TYPE OR	PRINTY	2 .		22e ADDRESS	0.	7			
Italon	ल ए। एन।	L B.	1AuLI	vo	300 S. Can	nkaling	Deelt.	ond .	21224	
2- GUDIAL CREAMATION	DE MOVA:	22h DATE	[22. A	IAME OF C	EMETERY OR CREW AT TO	Tan LOCATION			· · · · · · · · · · · · · · · · · · ·	

DHMH - 16 50M 4/83 (VRA 15, 4)

BP

and Mental Hygiene prior to buriot,

should be detached for use as the with the State Dept. of Health and O FUNERAL DIRECTOR

marked or them 18 shows

MPORTANT: If Item 23 is

24 FUNERAL DIRECTOR

BURIAL

RAYMOND 2525FLEET KACZOROWSKI

10/7/85

CITY OR TOWN

STATE

